

## GAVILAN PEST CONTROL

P. O. Box 6189, Salinas, CA 93912-0172

(831) 442-1915 (831) 637-6409

(831) 375-0172 (408) 782-1633



Apt#:	
Dear,	
This letter is to inform you that your apartment is scheduled for exterminate services on If you cannot keep this appoint you must notify our office immediately or you may have to pay the cost of service. If you do not respond within 24 hours of the date of this notice, we assume you will cooperate and prepare for this service by following these instructions:	ment this
<ol> <li>Remove everything from you kitchen cabinets and place it on your t with a sheet over it. Put all open food away.</li> </ol>	able
<ol> <li>Wipe down the inside of your cabinets BEFORE the spray. DO NO WIPE AFTER THEY HAVE BEEN SPRAYED. The spray is not h if dishes are placed in the cabinets AFTER 4 hours have passed.</li> </ol>	
3. Pull all furniture away from the walls. Place furniture in the center room.	of the
4. If you have noticed pests in your closets, remove clothes and place of bed with a sheet over them.	on the
5. If you have pets, i.e., fish, birds, you must remove them for the day.	
6. Close all the windows.	
7. EVERYONE MUST STAY OUT OF YOUR APARTMENT FOR A MINIMUM OF 4 HOURS.	A
By signing on the following line, you acknowledge receipt of this notice agree to follow these instructions.	e and
Tenant's Signature Date	