

California Shores

Pest Control

555 Saturn Blvd
Suite B #748
San Diego CA, 92154
1-866-929-6662

Date:

On the following date _____ The rental unit or surrounding rental unit(s) are scheduled for a treatment to get rid of and/or control pest and or insects.

____ This is a one-time treatment

____ This is one of a routine series of treatments which will take place for: (Days)_____.

The pest to be treated:

The name and brand of the pesticide proposed to be used:

___Ants: Advion Ant Bait/ Syngenta

___Spiders: Oneguard/ MKG

___Cockroaches: Advion Cockroach Gel Bait/ Syngenta, Oneguard/ MKG, Alpine WSG/ BASF

___Bedbugs: Alpine WSG/BASF, CimeXa/ Rockwell Labs, Bedlam Plus/ MKG, ExciteR/ Zoecon

___Other Pest _____

Pesticide(s) _____

CAUTION-PESTICIDES ARE TOXIC CHEMICALS

The California Department of pesticide regulation and the United states Environmental Protection Agency allow the unlicensed use of certain pesticides based on existing scientific evidence that there are no appreciable risk if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure so exposure should be minimized.

CHEMICAL SENSITIVITY: Before any treatment is started or services performed, tenant shall inform company, and Property Management of any concerns or issues with known or suspected sensitivity by any person or animal in the unit to all chemicals which may or could-be used in the treatment of the unit(s). California Shores CalSho will not be responsible for and disclaims any liability for any physical reactions to chemicals by persons or animals which were not disclosed to California Shores CalSho or Property Management prior to treatment. By signing this notice, I (Tenant) certify that I have read and fully understood the provisions on this notice, without limitation, and it being specifically understood that California Shores CalSho and the undersigned are bound only by the terms of this notice and not by any other representations oral or otherwise.

If within 24 hours following application of a pesticide, a person experiences symptoms similar to a common seasonal illness comparable to influenza, the person should contact a physician, appropriate licensed health care provider, or the California poison control system (1-800-222-1222)

For further information contact any of the following: For Health Questions- San Diego County Health Department: 619-692-8499, And for regulatory information- the Department of pesticide regulation 916-324-4100.

Tenant Name_____

Tenant Signature_____

Sincerely,
California Shores Pest Control