|  |  |
| --- | --- |
| **Project Number:** |  |
| **Project Name:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |

|  |  |
| --- | --- |
| **Date Infestation Discovered:** | **Owner Tax ID Number:** |

**Affected Building(s), Address and Unit ID(s)**

|  |  |  |
| --- | --- | --- |
| **Unit ID** | **Building ID Number** | **Building Address** |
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*Attach an additional sheet, if necessary*

**Description of action owner/manager is taking to address the issue:**

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|  |

|  |  |
| --- | --- |
| **Date the unit or the last unit (if multiple units) has been inspected by a qualified inspector and found to be free of bed bugs:** |  |

**Attach inspection report and invoice to show extermination has been completed.**

|  |  |
| --- | --- |
|  |  |
| **Owner Representative’s Name** | **Title** |
|  |  |
| **Signature** | **Date:** |