

Rat Control Program (CAP-BCP) Claim Form

Deadline: **December 31, 2019**

Submit to SARM by **December 31, 2019** by email to Annette Ellert, Programs Manager at aellert@sarm.ca

PART 1 - APPLICANT

RM/FNB _____ No. _____

PART 2 – PEST CONTROL OFFICER/APPLICATOR INFORMATION – LICENSES MUST BE VALID FOR SERVICE PERIOD IN 2019

RM Appointed Pest Control Officer NAME: _____

Pesticide Applicator NAME: _____ LIC # _____

PART 3 – FIELD INSPECTIONS

OCCUPIED Sites Inspected: _____

VACANT Sites Inspected: _____

TOTAL Sites Inspected 2019: _____

Total Active INFESTIONS: _____

Total of ALL INSPECTIONS 2019: _____

PART 4 – FINANCIAL VERIFICATION – ATTACH VALID INVOICES FOR ALL AMOUNTS CLAIMED BELOW

COST of BAIT Free to Ratepayers in 2019		<input type="checkbox"/> Invoices Attached
PCO/Applicator Expenses (<i>training, wages, contract fees, travel, rat control supplies, etc.</i>)		<input type="checkbox"/> Invoices Attached
OTHER – Details _____		<input type="checkbox"/> Invoices Attached
TOTAL		

PART 5 – CERTIFICATION

I certify, by signing this form, that the base level of service outlined in the CAP-RCP Program Guidelines has been met for the 2019-2020 program year in the municipality indicated at the top of this form.

Signed this _____ day of _____, 20____, by _____
(Administrator Name)

FOR SARM USE ONLY

REBATE PAID: _____

DATE: _____

(Administrator Signature)

AUTHORIZED BY SARM: