

Rat Infestation Report

RM of _____ No. _____ Date: _____

Name of Owner/Occupant: _____ Phone: _____

Address: _____

Land Location: Qtr ____ Sec ____ Twp ____ Rge ____ West of ____

Qtr ____ Sec ____ Twp ____ Rge ____ West of ____

Qtr ____ Sec ____ Twp ____ Rge ____ West of ____

All lands owned/controlled by above named owner _____

This was inspection
number 1 2 3 4 5
(in this fiscal year)

Type of Operation: Agricultural
Residential
Industrial
Waste Disposal Site
Other

Type of Contact: Personal
Telephone
No Contact

Comments:

Progress Since Last Visit: _____

Rodenticides Issued Or Recommended Or Placed By Occupant

Fee For Service

Formulation	Product Name	(packet size)	x	(no. of packets)	=	Quantity	Cost	Service Fee	Paid <input type="checkbox"/> Y <input type="checkbox"/> N
●Meal/Pellets (packets)	_____	_____	x	_____	=	_____	_____	_____	_____
(packets)	_____	_____	x	_____	=	_____	_____	_____	_____
●Meal/Pellets (bulk)	_____	_____	x	_____	=	_____	_____	_____	_____
●Water Soluble	_____	_____	x	_____	=	_____	_____	_____	_____
●Parafinized blocks	_____	_____	x	_____	=	_____	_____	_____	_____
●Other	_____	_____	x	_____	=	_____	_____	_____	_____

Total _____ + _____ = _____

I certify that I have received instructions from a Pest Control Officer, appointed under *The Pest Control Act*, in the proper and safe handling of the above rodenticides, fully realizing the dangers and implications which may result from careless handling of same; and I authorize the Pest Control Officer to place rodenticides as required on the property described above;

Signature of Occupant _____ **PCO Signature** _____
(or Reeve/Administrator)