

Rat Control Program (CAP-RCP) Claim Form

Deadline: **December 31, 2022**

Submit to SARM by **December 31, 2022** by email to Annette Ellert, Programs Administrator 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 2022

RM Appointed Pest Control Officer NAME: _____

Pesticide Applicator NAME: _____ LIC # _____

PART 3 – FIELD INSPECTIONS

OCCUPIED Sites Inspected: _____

VACANT Sites Inspected: _____

TOTAL Sites Inspected 2022: _____

Total Active INFESTATIONS: _____

Total of ALL INSPECTIONS 2022: _____

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

COST of BAIT Free to Ratepayers in 2022		<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 (<i>PST and GST not eligible to claim</i>)		

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 2022-2023 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: