Rat Infestation Report

(or Reeve/Administrator)

RM of					No	Date:		
						Phone:		
A	ddress:							
Land Location:	Qtr	_Sec	_Twp	Rge	West of	— This was inspection number		
	Qtr	_Sec	_Twp	Rge	West of			
	Qtr	_Sec	_Twp	Rge	West of			
	All lands o	owned/contr	olled by	above na	med owner	_		
Type of Operation:	n:				Type of Contac	nct:		
Comments:								
Progress Since Last \	/isit:							
Rodenticides Issued		Or Recor	mmende	d	Or Placed	I By Occupant Fee For Service		
Formulation	Pro	oduct Name	(packet	t size) x	(no. of packets) =	Quantity Cost Service Fee		
Meal/Pellets (packets)			x	=			
(packets	5)			x	=			
Meal/Pellets (bulk)				x	=			
Water Soluble				x	=			
Parafinized blocks				x	=			
• Other				x	=			
I certify that I have reconstrol Act, in the propand implications which Officer to place rodent	er and safe may result f	handling of the rom careless l	e above ro nandling o	odenticide of same; a	es, fully realizing the ond I authorize the Pe	dangers		