

**Receipt for Consumer Information Sheet
And Pest Control Treatment Notice Sign**

I have received the Consumer Information Sheet and the Pest Control Sign provided by:

(Name of pest control or certified noncommercial applicator).

I understand that I must post the sign at least 48 hours before each planned treatment in an area of common access such as a building entrance way, mailbox area, laundry room, snack room or office bulletin board. If I am the owner or manager of a residential rental property with five or more units, I may distribute the Consumer Information Sheet to each unit 48 hours in advance of each planned treatment instead of posting the sign. I agree to make the Consumer Information Sheet available to any resident or employee upon request.

**Certified Noncommercial
Applicator or Business
License Number**

Signature of Customer or Agent

Printed Name of Customer

Date