



EXTERMINATING CO., INC.

P.O. Box 787

Joelton, TN 37080

Phone: 615-876-7185

Fax: 615-876-4412

Honest & Quality Service Guaranteed

INSECT EVALUATION REQUEST

PLEASE PRINT NEATLY (If we cannot read your writing, you will not receive a reply)

Date: _____ Your Name: _____

Address of Infested Property (include apt number(s)) _____

Phone Number: _____ Email (for fastest reply) _____

You are the: owner / resident / manager of the affected property (circle one choice).

What is your address if you are not the resident where this insect was discovered:

Where in the home or apartment did you find this insect? _____

How many of these insects have you found during the past month? _____

What have you done to eliminate these insects? _____

May we share this information with your local Dept. of Health? (circle one) Yes No

Please use clear tape to securely affix your insects to this form. Alternately, you may securely seal the insect within a small plastic zipper lock bag or plastic pill bottle, and include this in a padded envelope or box. We may not be able to identify specimens that are crushed.

Use clear tape to affix the insect within this box.

*****If you would like a reply by mail, please include a self-addressed stamped envelope*****

-----DO NOT WRITE BELOW THIS LINE-----

Date Received

Examined By & Date

Specimen Consistent With:

Additional Comments: _____