



Executive and Processing Office • 1775 Highway 34S, Suite C-7 • Wall, NJ 08724 • Phone: 1-888-593-4948

**ROACH PREPARATION SHEET
NECESSARY PREPARATIONS BEFORE ROACH TREATMENTS**

Roaches are not easy to eradicate. We need to work together as a team in order to eliminate this problem from your home. The more thorough your preparation, the more thorough the treatment can be; and, the quicker we will eliminate the problem. Please keep in mind that in most cases, a single application should eradicate the problem; but, there are situations that may require several before control is achieved.

Please follow these steps thoroughly in preparation of us coming to your home.

- ✓ Vacuum thoroughly all flooring, baseboards, and furniture thoroughly to remove roach eggs that may be attached.
- ✓ Throw away vacuum cleaner bag immediately in an outdoor receptacle.
- ✓ Any food must be put away in fridge. Tooth brushes, toothpaste, cosmetics, etc. must be stored and sealed in plastic bags (anything that you may put in your mouth, eat or drink).
- ✓ Empty all objects out of your kitchen and bathroom cabinets. This includes food, dishes, cups and glasses.
- ✓ Drawers should be opened or taken out to allow for more thorough coverage.
- ✓ Remove all pets, fish, birds, cats, dogs, etc. from house for 4-6 hours. Fish tank water filters and or air conditioning units must be turned off.
- ✓ Be prepared to be out of the house yourselves for at least 4 – 6 hours.

As part of any good pest management program these steps are necessary to assure the greatest possible control. Failure to comply will cause a treatment to be unsuccessful and will result in repeated attempts to gain control and elimination. In the case that these steps have not been followed, we will treat to the best of our ability; however, any re-treatment needed will incur an additional fee and any and all warranties will be null and void.

Thank you in advance for your cooperation in this manner. Please sign and return to us prior to service being performed.

Resident/Tenant Signature: _____ Date: _____

Manager/Leasing Agent Signature: _____ Date: _____

**** NON-COMPLIANCE WITH THESE PREPARATIONS WILL RESULT IN THE
RESIDENT/TENANT INCURRING ALL FINANCIAL RESPONSIBILITIES FOR THIS
TREATMENT AND ANY RE-TREATMENTS ****