

Neighbor's Release

Date of Fumigation: _____

Property Address to be fumigated: _____

Neighbor's address that must be accessed: _____

Your neighbor is scheduled to have their property fumigated by **Beneficial Exterminating, Inc.**, on the date listed above. In order to perform this job, workers will need to access your property. All pets will have to be removed or contained from the area that needs to be entered, and any storage and/or plants adjacent to the building to be tarped must be removed or cut back to facilitate the fumigation process. By signing below, I authorize the fumigation employees access to my property and acknowledge that if storage or plants are not removed or cut back, that these items may be damaged during the course of work.

Acceptance of release:

Printed Name of Neighbor

Signature of Neighbor

Date