

1444 Hillsdale Avenue Pittsburgh, PA 15216-2019 (412) 561-8900 FAX (412) 561-7805 www.boro.dormont.pa.us

MUNICIPAL PEST CONTROL PROGRAM

Pesticide Application Consent Form and Record

l,					
Pennsylvania, willingly authorize controlling pests of public health saware that either a registered or cothis service. I am aware that ther aware that pesticides can be haza impact on non-target wildlife and	the use o significand ertified pu e is little d rdous, but	te (rats, mice, mo ublic health pesti or no risk to my t t they will be use	this proposquitos, cide appl family an	perty, for the cockroache icator is goild private pr	es, etc.). I am ng to provide operty. I am
I do, do not, own a pet(s) during the pesticide treat being used on my property and o	ment pe	riod. I am also	aware o	f the kind	=
I, therefore, agree to absolve the employees and agents, of any liab	-		nd the Bo	orough of D	Oormont, its
Owner/Tenant signature:Phone:				Date	
Municipal Agent:				Date	

Return completed application to:

Borough of Dormont

1444 Hillsdale Avenue

Suite 10

Pittsburgh, PA 15216

or by Fax to: 412-561-7805



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ADDRESS:		
TYPE OF BAIT:	_	

1st Baiting		2nd Baiting		3rd Baiting		4th Baiting		5th Baiting			TOTAL					
Date	Add	Date	Add	Used	Date	Add	Used	Date	Add	Used	Date	Add	Used	Add	Used	Return