



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

COMPANY RESPONSE TO CONSUMER ALLEGATION

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7996

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32399-1650

To:

Date:

A complaint has been received by this agency concerning your firm from:

We are hereby requesting the following information from your firm as authorized by Section 482.161(1)(g), Florida Statutes of the "Structural Pest Control Act". Please fill out and return one copy within ten (10) days from the above date. Thank you.

Sincerely,

District Inspector

CERTIFIED OPERATOR FOR ORIGINAL WORK _____ DATE _____

ORIGINAL INSPECTOR/SALESMAN _____

ORIGINAL TREATER _____

PEST(S) TREATED FOR _____

PESTICIDE(S) USED _____

CONTRACT PAID UP AND IN FORCE _____ DATE OF LAST REINSPECTION _____

HAS THE PROPERTY OWNER OR HIS AGENT COMPLAINED TO YOU? _____ WHEN? _____

BY TELEPHONE _____ BY LETTER _____ IN PERSON _____

DO YOU CONSIDER THIS A VALID COMPLAINT? _____ (IF NOT, EXPLAIN BELOW)

WHAT ACTION WAS OR IS BEING TAKEN TO SATISFY THE PROPERTY OWNER'S COMPLAINT? EXPLAIN.

Continue on other side if needed.)

I certify that the above information is true and correct to the best of my knowledge and belief.

DATE: _____ SIGNATURE: _____

TITLE: _____