



WILTON SIMPSON
COMMISSIONER

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

**ILLEGAL/UNLICENSED PEST CONTROL
OPERATIONS REPORT FORM**

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

NOTE - Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. This communication may therefore be subject to public disclosure. **DO NOT SUBMIT THIS FORM** if you wish your personal information, including email address, to remain confidential.

I would like to submit the following observations (which might include evidence such as photos, contracts, receipts, etc.) of what would appear to be unlicensed/illegal pest control operations to the Department.

OBSERVATIONS: _____ **DATE:** _____ **TIME:** _____

LOCATION WHERE ACTIVITY OBSERVED: (if any) _____ **COUNTY:** _____

Street Address or P.O. Box

City State Zip Code

VEHICLE INVOLVED (if any) _____ **TAG:** _____ (If not FL, indicate STATE ____)

Indicate if vehicle displayed any markings/company name (if any):

Indicate location where vehicle is parked/garaged (if known):

Make: _____ Model: _____ Color: _____ Year: _____

SUSPECTED CUSTOMERS (if any)

Name of individual(s) Contact telephone number

Name of Company (if any)

Street Address City State Zip Code

YOUR CONTACT INFORMATION (not required)

Name Phone number