Environmental Vector Control Service Request Form

Requestor Information	Serial #:		
Date of Inquiry	First Name		Last Name
Street Address	Street Address Line 2		
City	St	ate	Zip Code
Receive e-mail copy	E-mail Address		Phone
Would you like to be contacted?	Preferred Method of Conta	ict	When is the best time to contact you?
Yes	E-mail		AM- Morning
No	Phone		PM- Afternoon
Is a interpreter requested? Yes	Language/Dialec	t	
No			

Complaint Details

Date and time of incident

Name of Inspector/ Incident Responder

How was the	e complaint	received
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Phone

E-mail

Walk-in

Other

If other, please explain

Type of Complaint

Stagnant water and/or observed mosquito

Conditions that attract rodents

Observed rodent activity

Bed bugs

Roaches

Ticks

High grass and/or weeds

Abandon pools

Other

If other, please explain

Is there injury or illness associated with the complaint

Yes

No

Is this a new problem or repeat issue?

Description of problem

Problem Location

Check box if address same as above:

If this is your property, do we have permission to enter if you are not on site?

Yes

No

Street:

If located in a public area, please describe.

Was this case transferred to another agency If yes, to which agency was case transferred to?

Yes

No

Rodent Complaint

Have you used Vector Control Program services in the past?

Yes

No

If yes, how long ago?

If you are reporting a rat issue, please complete the section below. Please describe in detail evidence of rat activity.

Outside: (fence line, fruit trees, yard conditions)

Inside: (garage, attic, kitchen)

Are you currently using pest management?

Yes

No

Thank you for filling out the form. A representative will be getting in touch with you within [] business days. The [Insert Vector Control District Name] provides free of charge: a rat inspection on the exterior of structures, a trap station, an informational material.