

Tenant Acknowledgment for Pest Treatment Access

Date: [Insert Date]

To: [Landlord/Property Manager's Name]

Address: [Landlord/Property Manager's Address]

Dear [Landlord/Property Manager's Name],

I, [Tenant's Name], the tenant of [Apartment/Unit Number], hereby acknowledge the scheduled pest treatment in my unit on [Insert Date], at [Insert Time].

I understand that the treatment is necessary to ensure a safe and pest-free living environment. I agree to provide access to my unit for the pest control professionals during the stated time.

If I have any specific concerns or special instructions regarding the treatment, I will address them prior to the scheduled visit.

Thank you for your attention to this matter.

Sincerely,

[Tenant's Name]

[Tenant's Signature]

[Tenant's Contact Information]