

Tenant Authority for Pest Treatment

Date: [Insert Date]

To: [Pest Control Company Name]

Address: [Pest Control Company Address]

Dear [Pest Control Company],

I, [Tenant's Name], residing at [Tenant's Address], hereby grant authority for pest treatment procedures to be carried out in my apartment/unit. This authorization is effective from [Start Date] to [End Date]. I understand that the pest control services will be conducted in accordance with safety regulations and guidelines.

Please coordinate with the landlord/property manager, [Landlord/Manager's Name], at [Landlord/Manager's Contact Information], for scheduling and access to the premises.

Thank you for your prompt attention to this matter.

Sincerely,

[Tenant's Signature]

[Tenant's Printed Name]

[Tenant's Phone Number]

[Tenant's Email Address]