

Pest Control Service Assessment

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We hope this message finds you well. Following our recent visit to your property on [Insert Date of Visit], we would like to provide you with an assessment regarding the recurring pest issues you have been experiencing.

Assessment Overview:

- **Pest Type:** [Insert Pest Type]
- **Severity Level:** [Insert Severity Level]
- **Areas Affected:** [Insert Affected Areas]
- **Previous Treatments:** [Insert Previous Treatments]

Recommendations:

1. [Insert Recommendation 1]
2. [Insert Recommendation 2]
3. [Insert Recommendation 3]

Please do not hesitate to reach out if you have any questions or if you would like to schedule a follow-up treatment. Your satisfaction and comfort are our top priorities.

Thank you for your continued trust in our services!

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]