

To be completed by Concierge Only

UNIT _____

TREATMENT DATE _____

CANCELATION DATE _____

BCS1172 - Silverfish Treatment Signup Form

Tower _____ (1155 or 1199) Unit # _____

Name _____ Date _____

Treatment Date _____ (2nd Friday of the Month)

READ BELOW BEFORE SIGNING HERE _____

Read and initial below for ANY that APPLY: (Normally it would be JUST ONE)

_____ I will provide access by being home on the treatment date. I understand that all residents and pets must stay out of the unit for 6 hours after the treatment.

_____ I will leave a unit key with the concierge before the scheduled treatment time. I authorize Brava staff to give this key to the pest control tech to gain access to my unit on the treatment date.

_____ I authorize Brava staff to give my KeyVault key to the pest control tech to gain access to my unit on the treatment date.

Read and initial each of the locations below:

_____ By signing above I agree to pay a **\$30 penalty** should I not provide access on the date of the treatment or cancel within 72 hours of the treatment time. Unfortunately this fee needed to be implemented due to the high rates of no access and late cancellations which prevented other residents from getting a treatment.

_____ By signing above I acknowledge that **I HAVE already read the "Silverfish Treatment - Pesticide and Preparation" document** found on bravatowers.org under the Documents Tab.

_____ By signing above I agree to have my unit properly prepared as per the preparation document. I understand that preparing my unit is key to achieving good results. I understand that even with a well prepared unit there is no guarantee that one or even multiple treatments will eliminate the Silverfish permanently.