Indiana termite control customer disclosure

355 IAC 4-5-2

Company	
Company name	
Company address	**Company phone**

Property	
Street address	
City	**ZIP code**

Treatment	
Treatment type	**Termiticide**
Label copy given	

Omissions		
Label step skipped	**Where**	**Why**

Customer statements
Customer initials
The listed procedures will not be performed. These omissions may result in an ineffective treatment. Neither the U.S. EPA nor the Indiana pesticide regulatory agency has approved them. The customer received a copy of the omissions and the termiticide label.

Signature	
Customer or agent	**Date signed**