Tennessee less than complete treatment acceptance

Tenn. Comp. R. & Regs. 0080-09-04-.08(3)(b)1(ii)

Contract	
Contract number	**Date**
Property address	
Owner or tenant	

Areas not treated		
Area	**Reason**	**Graph mark**

Reason allowed	
Label or law	**Physical conditions**
Owner or tenant request	

Possible outcomes
Outcomes explained
I understand the areas listed above will not be treated and that termites may enter there. I accept a less than complete treatment.

Acceptance	
Owner or tenant initials	**Initialed on**
Applicator	**Certification number**