



874-8716

Milestone Foundation, Inc.

DAVID LORANGER
Board President

TOM ALLAN
Executive Director

GREG LEE
Board Vice President

STEPHANIE BROWN
Board Secretary

BETH MILLER
*Director of
Finance &
Administration*

TOM RANELLO
Board Treasurer

FAX Transmittal Cover Sheet

TO: *Chuck Sagone*
FROM: *Melissa Greene*
DATE: *3-30-12*

5 # Pages
(Including cover)

RE: *Copies of our contract for pest control. Copy of the past 2 times we had the 1st + 3rd floor sprayed. I can fax proof of the last time the 2nd floor was sprayed on Mon 4-2-12. The current bill is @ the OB office.*

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SHELTER AND DETOXIFICATION PROGRAM
65 India Street
Portland, ME 04101
TEL (207) 775-4790 - FAX (207) 775-5231

EXTENDED CARE PROGRAM
PERMANENT & TRANSITIONAL HOUSING
OUTPATIENT SERVICES
P.O. Box T, 28 Portland Avenue
Old Orchard Beach, ME 04064
TEL (207) 934-5231 - FAX (207) 934-5139

INVOICE # 5114

COMMAND PEST SERVICES

(207) 657-7144
Cell: 207-239-9027
Fax: 207-657-6152

Remit to:
5 Tripp Lane
Gray, ME 04039

RETURN YELLOW COPY WITH PAYMENT
RETAIN PINK COPY FOR YOUR RECORDS

ADDRESS	ADDRESS	PAID	AMOUNT
Milestone Foundation 65 India Street Portland Me	MIKE'S COPY	CASH	
		CHECK #	

SERVICE DESCRIPTION/REPORT		THIS SERVICE	AMOUNT
Preventative Treatment 5 th + 3 rd Floor			70.00
Found dead Ketchell v ERS - no rodent activities		PREVIOUS AMT DUE	
		ADD'L SERVICES	
		EQUIPMENT	
		TAX	
		TOTAL DUE	70.00

RESIDENTIAL SERVICE
 COMMERCIAL SERVICE
 Weekly
 Bi-Weekly
 Monthly

TARGET PEST: Ant
 Bedbug
 Cockroach
 Flea
 Spider
 Termite
 Carpenter Ant
 Cluster Flea
 Mice
 Rat
 Wasp
 Silverfish
 Other

AREAS SERVICED: (I) Inspected (T) Treated

Bar	Offices	Breakroom	Basement	All Rooms	Warehouse
Dining Room	Porch/Deck	Storage	Exterior	Bath	
Kitchen	Boiler Room	Laundry	Attic	Bedroom	
Living Room	Restroom	Family Room	Closet	Pantry	

MATERIAL	EPA REG#	CON%	AI	Equip	Method	AMOUNT	MATERIAL	EPA REG#	CON%	AI	Equip	Method	AMOUNT
Tempid SC	432-1463	.075/.025	Cyfluthrin				Advanced Compressed Termite Bait	499-468	.25			Dihydrobenzylurea	
Bell Contract Blox	12455-79	.005	Bromadiolone				Maxforce FC Select	432-1259	.01			Fipronil	
Bell Dura Blox	12455-80	.005	Diflufeniclor				Tempo Ultra WP	3125-390	.025/.5			Cyfluthrin	
Suspend SC	432-763	.03/.06	Deltamethrin	B	C	1 Gal	Tempo 1% Dust	3125-569	.1			Cyfluthrin	
Generation	7173-211	.00025/1	Difluthalione				Termidor	7969-210	.067/.09			Fipronil	
Genrol	2724-351	.12	Hydroprone				Kicker	432-1145	.25/.05			Pyrethrins	
Phantom	241-392	.525/.125	Chlorphenopyr										

BROADCAST APPLICATION	KEY	OUTDOOR APPLICATIONS	DATE	TIME IN	TIME OUT
(Outside Foundation, Fleas) Liquid Granular sq. ft.	Equip - EQUIPMENT USED (Indicate Equipment Used Per Application) A = Aerosol Can P = Paint Brush B = MVI Compressor R = Rodent Station C = Fogger S = Spot D = Bulb Duster SP = Hand Sprayer T = Termite Plug E = Fogger U = Space UV F = Fogger V = Heat Treatment G = Bait Gun	WIND WIND VEL. AIR TEMP. DIRECTION (mph) (Fahrenheit)	3/11/12	7:00	
VOLUMETRIC APPLICATIONS (UV, Space Treatments)		SKY CONDITIONS <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Foggy <input type="checkbox"/> Drizzly	Associate Signature/IC # _____ Client Signature _____ 1.5% per month (.50 minimum interest charged on all items 30 days past due)		

INVOICE # 5068

COMMAND PEST SERVICES

(207) 657-7144
 Cell: 207-239-9027
 Fax: 207-657-6152

Remit to:
 5 Tripp Lane
 Gray, ME 04039

RETURN YELLOW COPY WITH PAYMENT
 RETAIN PINK COPY FOR YOUR RECORDS

ADDRESS	ADDRESS	PAID	AMOUNT
Milestone Foundation 65 India Street Portland Maine		CASH	
		CHECK #	

SERVICE DESCRIPTION/REPORT		THIS SERVICE	70.00
Preventative Treatment 1st + 3rd		PREVIOUS AMT DUE	
Served IRS - no activity		ADD'L SERVICES	
Served ERS - no activity		EQUIPMENT	
		TAX	
		TOTAL DUE	70.00

*MMS
COM*

RESIDENTIAL SERVICE COMMERCIAL SERVICE Weekly Bi-Weekly Monthly

TARGET PEST: Ants Bedbugs Cockroaches Flies Spiders Termites Carpenter Ants Cluster Flies Mice Rats Wasps Silverfish Other

AREAS SERVICED: (I) Inspected (T) Treated

Bar	Offices	Breakroom	Basement	All Rooms	Warehouse
Dining Room	Porch/Deck	Storage	Exterior	Bath	
Kitchen	Boiler Room	Laundry	Attic	Bedroom	
Living Room	Restroom	Family Room	Closet	Pantry	

MATERIAL	EPA REG#	CONC	AI	Equip	Method	AMOUNT	MATERIAL	EPA REG#	CONC	AI	Equip	Method	AMOUNT
Tempo SC	432-1481	.075/.025	Cyfluthrin				Advanced Compressed Airborne Fog	499-488	.25	Diflubenzuron			
Bell Contrace Blox	12455-79	.005	Bromadiolone				Maxforce FC Select	432-1259	.01	Fipronil			
Bell Ditrac Blox	12455-80	.005	Diflufenone				Tempo Ultra WP	3125-390	.025/.5	Cyfluthrin			
Suspend SC	432-763	.03/.06	Deltamethrin	B	C	766	Tempo 1% Dust	4125-569	.1	Cyfluthrin			
Generation	7173-211	0.0025	Diflufenone				Termitdor	7969-210	.06/.09	Fipronil			
Genrol	2724-351	.12	Hydroprone				Kicker	432-1145	.25/.05	Pyrethrins			
Phantom	241-392	.25/.125	Chlorphenapy										

BROADCAST APPLICATION	KEY	OUTDOOR APPLICATIONS	2/2/12 7:00
(Outside, Foundation, Fleas)	Equip - EQUIPMENT USED (Indicate Equipment Used Per Application)	WIND: WIND VEL: WIND DIR: WIND DIRECTION: WIND VELOCITY (mph): WIND DIRECTION (degrees):	
(Liquid) (Granular)	A = Aerosol Can P = Pack Blower B = Backpack C = Crack & Crevice R = Rodenticide S = Spot U = Spray UV V = Vapour Treatment	TEMP: TEMPERATURE (Fahrenheit)	Date
VOLUMETRIC APPLICATIONS (ULV Space Treatments)	M = Mist Nozzle N = Nozzle Station H = Hand Sprayer S = Solo (manual) T = Termit (foam)	SKY CONDITIONS: ☐ Sunny ☐ Partly Cloudy ☐ Overcast ☐ Foggy ☐ Rainy	Time In
			Time Out
			1.5% per month (50 minimum interest charged on all items 30 days past due)

Tommy Valente *Michael*

Associate Signatory / C.O. Client Signature



PEST MANAGEMENT AGREEMENT

207-657-7144
207-239-9027
207-657-6152 Fax

Purchaser/Billing Name

Name Milestone Foundation
Address 65 India Street
City Portland,
State Maine Zip 04101
Telephone
Contact Name Mike Carr

Service Name

Name Same
Address
City
State Zip
Telephone
Contact Name

Service Scope

Command will provide Pest Management Services For:
[checked] Roaches [checked] Rats [checked] preventative
[checked] Ants* [checked] Mice [checked] bed bug treatment
[checked] Silverfish [] Flies
*Excludes Bedbugs, and Carpenter, Pharaoh and Fire ants

Service Frequency

[] Monthly
[checked] Twice per month
[] Weekly
[] Twice per week

Property Description

[] Apartment House [] Hotel/Motel
[] Factory [] Office Building
[] Food Manufacturing [] Restaurant
[] Grocery Store [] Warehouse
[] Hospital/Health care [checked] other

Number of Structures 11
Number of Floors
Number of Rest Rooms
Number of Utility Rooms
Other First and Third Floors

Service Fees

Initial Pest Management Service \$ 70.00
Initial Equipment \$
Pest Management Service \$ 70.00 per service
Optional Exterior Treatment \$ per service
Optional Fly Management Service \$ per service

Payment Terms

[] Year in advance less 5% discount
[] Remit to Service Associate (COD)
[] Monthly Invoice (must complete credit application)

Command reserves the right to adjust the service fees anytime due to structural additions and/or modifications.
Command reserves the right to adjust service fees after the first year of this agreement.

Service Agreement Conditions

This agreement is for a period of one year from the date signed and will ~~not~~ renew each year there after. This agreement is not binding. The client may dismiss Command Pest Services Inc. at any time by issuing a verbal and or written letter of termination. 30 day notice is requested. By signing this agreement the client agrees to its terms.

Command Authorization

By Terry Colby
Title owner
Date June 18, 2010

Client Acceptance

By
Print Name
Title Date

This offer subject to re-evaluation if not accepted within 30 days.



PEST MANAGEMENT AGREEMENT

207-657-7144
207-239-9027
207-657-6152 Fax

Purchaser/Billing Name

Service Name

Name Milestone Foundation
Address 165 India Street
City Portland,
State Maine Zip 04101
Telephone _____
Contact Name Mike Carr

Name same
Address _____
City _____
State _____ Zip _____
Telephone _____
Contact Name _____

Service Scope

Service Frequency

Command will provide Pest Management Services For:

- Roaches
- Rats
- _____
- Ants*
- Mice
- _____
- Silverfish
- Flies
- _____

- Monthly
- Twice per month
- Weekly
- Twice per week

*Excludes Bedbugs, and Carpenter, Pharaoh and Fire ants

Property Description

- Apartment House
- Factory
- Food Manufacturing
- Grocery Store
- Hospital/Health care
- Hotel/Motel
- Office Building
- Restaurant
- Warehouse
- other

Number of Structures 1
Number of Floors _____
Number of Rest Rooms _____
Number of Utility Rooms _____
Other Second Floor and Rodent Stations

Service Fees

Payment Terms

Initial Pest Management Service \$ 40.00 per month
Initial Equipment \$ _____
Pest Management Service \$ 40.00 per service per month
Optional Exterior Treatment \$ _____ per service
Optional Fly Management Service \$ _____ per service

- Year in advance less 5% discount
- Remit to Service Associate (COD)
- Monthly Invoice (must complete credit application)

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Command Authorization

Client Acceptance

By Terry Colby
Title owner
Date June 18, 2010

By _____
Print Name _____
Title _____ Date _____

This offer subject to re-evaluation if not accepted within 30 days.