

Atlantic
PEST SOLUTIONS
COMPANIES

A Certified Integrated Pest Management Company
Protecting Health, People and Property since 1939
P.O. BOX F KENNEBUNKPORT, ME 04046
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(800) 439-7716 (207) 985-7716
Fax (207) 985-8565
www.atlanticpestsolutions.net

327-E-12
7.24.06
Complaint
on
7/13

Account # _____ Exp Date _____ \$ _____

Signature _____
WORK ORDER: 7.24.06
WORK DATE: 07/12/06
Wednesday

Bill To: [111931] 207-221-8985

Work Location: [112840] 207-774-2810
Alt. Phone 207-774-2810

PORTLAND HOUSING AUTHORITY
MARK DROMGOOLE
117 ANDERSON STREET
PORTLAND, ME 04101

PORTLAND HOUSING AUTHORITY
RIVERTON DRIVE
PORTLAND, ME 04103

Service Slip/Invoice

METER NUMBER:

PLEASE REMIT THIS PORTION WITH YOUR PAYMENT

Work Date	Time	Scheduled By	Technician	Return	Time In	
07/12/06	08:00-2:00 PM	DAVE	DAVE	DAVE WALKER	12:35	
Exp. Date	Target Pest	Terms	Invoiced	Map Code	Technician License #	Time Out
						1:29

IF TENANT NOT HOME CALL JUDY @ 774-2815 FOR ENTRY. IF CALL AND AND SERVICE
TECHS UP HAVE THEM PAGE RAY DAIGLE. PROPERTY MGMT AL CHAMBERLAIN 221-8030
FAX: 221-8016 CELL: 938-2167
Did not Locked Door behind us. Keys did not work.

Service	Description	Price
PHO - BED BUGS	73 R.D. - BEDBUGS (B) monitors (2) in each BR.	0.00
(A) BR upstairs	(B) empty (C) w/ Bed. Found 3 live BB on mattress	
73 RIVERTON DRIVE - 4 BEDROOM - GETTING RID OF FURNITURE	SUBTOTAL \$	0.00
AND BUYING NEW ONES. IN PREP 7-5-06	TAX	0.00
Treated baseboards w/ Demand CS (Accessible) and	TOTAL \$	0.00
Elect outlets w/ N/C Dust.		
Explained to tenant need (4) hours	<i>vacate time.</i>	

Tech Comments:
Tenant said Box Springs / mattresses down stairs ARE new. Found
(7) on 4 mattresses + (1) on the Box Spring. VACUMED OUT

Chemical	Qty.	UOM	Dosage	Undil.	Qty.	Chemical	Qty.	UOM	Dosage	Undil.	Qty.
1 Demand CS 100-1086	3/10	GL	.05%		5	Talstar One 279-3206					
2 Talstar PL 279-3168			.2%		6	N/C DUST					
3 Conrac All-Weather Blox 12455-79			.005%		7	BBB I monitors	10Z				
4 Termidor SC 7696-210m			.06%		8		8 EA				

Location of Treatment: Numbers correspond to line numbers above

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room(s)	<input checked="" type="checkbox"/> 1,6,7 Bed Room(s)
<input type="checkbox"/> Attic	<input type="checkbox"/> Shed(s)	<input type="checkbox"/> Garage(s)	<input type="checkbox"/> Crawlspace(s)
<input type="checkbox"/> Office(s)	<input type="checkbox"/> Lawn Area	<input type="checkbox"/> Dumpster Area	<input type="checkbox"/> Dumpster Area
<input type="checkbox"/> Bar(s)	<input type="checkbox"/> Store Room	<input type="checkbox"/> Rodent Burrow	<input type="checkbox"/> Rodent Pathway
<input type="checkbox"/> Bathroom(s)	<input type="checkbox"/> Other	<input type="checkbox"/> Family Room/Den	<input type="checkbox"/> Laundry/Utility

Site of Treatment: Numbers correspond to line numbers above

<input checked="" type="checkbox"/> 1 Baseboards	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Carpeting	<input type="checkbox"/> Furniture
<input type="checkbox"/> Sill Area	<input type="checkbox"/> Eaves/Attic	<input type="checkbox"/> Wall Voids	<input type="checkbox"/> Under and Behind
<input type="checkbox"/> Outside	<input type="checkbox"/> Bedding	<input type="checkbox"/> Other	<input type="checkbox"/> Kitchen Equipment
<input type="checkbox"/> Perimeter	<input checked="" type="checkbox"/> 6 Elect outlets		<input checked="" type="checkbox"/> 7 Under Matts

Method of Treatment: Numbers correspond to line numbers above

<input checked="" type="checkbox"/> 1 Spot Treatment	<input type="checkbox"/> ULV Machine	<input type="checkbox"/> Broadcast	<input type="checkbox"/> Weather
<input type="checkbox"/> Space Spray	<input type="checkbox"/> C & C	<input checked="" type="checkbox"/> 6 Duster	<input type="checkbox"/> Wind Speed
<input type="checkbox"/> Microgen	<input type="checkbox"/> Granulate	<input type="checkbox"/> Rat Station	<input type="checkbox"/> Temp
<input type="checkbox"/> Monitors	<input type="checkbox"/> Drill & Treat Voids	<input type="checkbox"/> Mouse Station	<input type="checkbox"/> Sky
<input type="checkbox"/> Other	<input type="checkbox"/> Backpack	<input type="checkbox"/> Other	<input type="checkbox"/> Footage

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. The Atlantic Pest Solutions Companies are expressly waived and released from any claim for personal injury or damage to the structure or its contents caused by wind infesting organisms, insects, rodents, or other pests.

PLEASE PAY FROM THIS INVOICE X _____ CUSTOMER SIGNATURE

Atlantic Pest Solutions Companies, P.O. Box F, Kennebunkport, ME 04046 1-800-439-7716