

**Date:** [Date]

**To:** All Residents of [Property Name/Address]

**Subject:** Notice of Scheduled Pest Control Treatment

Dear Resident,

Please be advised that a professional pest control service has been scheduled for your building/unit on the following date and time:

- **Date:** [Day of Week, Date]
- **Estimated Time:** [Start Time] to [End Time]

**Scope of Work:**

The service will include a routine inspection and preventative treatment for [Type of Pests, e.g., ants, roaches, rodents] in the common areas and individual units.

**Resident Requirements:**

- Please ensure that technicians have access to your unit. If you will not be home, management will provide entry.
- Ensure all pets are secured in a crate or removed from the premises during the treatment time.
- Keep children and pets away from treated areas until the solution has dried.
- [Optional] Please clear items from under kitchen and bathroom sinks.

**Safety Information:**

The products used are approved by the EPA and will be applied by licensed professionals. If you have specific health concerns or chemical sensitivities, please contact the management office immediately.

Thank you for your cooperation in keeping our community pest-free.

Sincerely,

[Your Name/Property Manager Name]

[Property Management Company]

[Phone Number]

[Email Address]