DATE: [Insert Date]

TO: All Residents / Occupants of [Insert Building/Unit Number]

SUBJECT: NOTICE OF MANDATORY PEST CONTROL TREATMENT

Dear Resident,

Please be advised that a mandatory pest control treatment has been scheduled for your unit on the following date and time:

DATE OF SERVICE: [Insert Date]
TIME WINDOW: [Insert Time, e.g., 9:00 AM - 5:00 PM]

To ensure the effectiveness of the treatment, you are **required** to complete the following preparations before the technician arrives:

- **Kitchen & Bathrooms:** Empty all cabinets and drawers. Place food items and cookware on a table and cover them with plastic or a sheet.
- **Furniture:** Move all furniture at least 12 inches away from the walls.
- **Closets:** Clear the floors of all closets.
- **Pets:** All pets must be removed from the premises or secured in a crate. Fish tanks must be covered and air pumps turned off.
- **General:** Pick up all items from the floor, including clothing and toys.

IMPORTANT SAFETY INFORMATION:
Residents and pets must vacate the unit during the treatment and remain out for at least [Insert Number] hours after the service is completed.

Failure to prepare your unit may result in a fine or a rescheduled service fee of $[Insert Amount]. Management reserves the right to enter the unit to perform this mandatory service as per your lease agreement.

If you have any questions, please contact the Management Office at [Insert Phone Number].

Thank you for your cooperation.

Sincerely,

[Your Name/Property Manager]
[Property Name]
[Contact Information]