Date: [Insert Date]

To: All Residents of [Insert Property Name / Building Number]

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: [Insert Date of Service]
Estimated Time Window: [Insert Time, e.g., 9:00 AM - 1:00 PM]

Reason for Service: [Insert Reason, e.g., Routine preventative maintenance / Treatment for specific pest]

Instructions for Residents:

- Please ensure that any pets are secured in a crate or removed from the premises during the service window.
- Clear items away from baseboards and under sinks if requested.
- Ensure the technician has access to all rooms.
- [Insert any additional instructions here]

A representative from management or the pest control company will enter your unit to perform the application. If you have any questions or concerns regarding the treatment or the products being used, 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 Name]
[Phone Number]
[Email Address]