NOTICE OF UPCOMING PEST CONTROL TREATMENT

Date: [Insert Date]

To All Residents/Tenants of: [Insert Building Name/Address]

Please be advised that a professional pest control treatment has been scheduled for the following date and time:

Date: [Insert Date of Service]
Time: [Insert Time Window]

Areas to be treated:
[Insert Areas, e.g., All Kitchens, Bathrooms, Common Areas, Exterior Perimeter]

Instructions for Residents:

- Please ensure clear access to all areas mentioned above.
- Remove items from under sinks in the kitchen and bathroom.
- Keep children and pets away from the treated areas during the application.
- [Insert additional instructions if necessary]

The products used are approved by the relevant authorities and will be applied by licensed professionals. If you have any medical concerns or specific allergies, please notify management immediately.

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

Sincerely,

[Your Name/Company Name]
[Contact Phone Number]
[Contact Email Address]