



P.O. BOX 969, ATASCADERO, CA 93423-0969 / (805)466-2451 OR (805)466-8026 FAX

NEIGHBORS PERMISSION RELEASE

FUMIGATION ADDRESS:

OWNER:

I own the property adjacent to the above address and do hereby give my permission to the owner of the above listed property to allow the fumigation crew to enter my property to complete the fumigation of his/her residence.

SIGNED: _____ DATE: _____

PRINT NAME: _____

NEIGHBOR'S ADDRESS: _____

EMERGENCY CONTACT PHONE NUMBER: _____