



EMERGENCY WAIVER

I affirm that an emergency pest control service is required due to an imminent hazard to health or property or and imminent infestation and that only the localized area of the emergency has been treated.

Customer Name _____

Customer Address _____

Customer Telephone No. _____

Date of Treatment _____

Signature of Customer

Signature of Certified Applicator

The Bug Master

8411 N IH 35
Austin, TX 78753
(512) 250-1500