



Hansen Services, Inc.
Pest Management Company
Pest Elimination Service

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Large Enough to Serve You... —Small Enough to Care—

LICENSED AND CERTIFIED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Bed Bug Service Request Form

Management Company Name: _____
 Office Contact: _____ Phone #: _____
 Tenant Name: _____
 Tenant Address: _____ Unit #: _____
 # Of Bedrooms/Sleeping areas: _____ Phone #: _____

Does this building have current regular* pest control? Yes or No

*Regular pest control service consists of Monthly, Every Other Month or Quarterly service. All other service types/frequencies are considered Non-regular service.

Regular Service Customer Price

Non-regular Service Customer Price

<u>Unit Type</u>	<u>Service Charge</u>
Studio	\$250.00
1 Bedroom	\$250.00
2 Bedroom	\$300.00
3 Bedroom	\$350.00
4 Bedroom	\$400.00

<u>Unit Type</u>	<u>Service Charge</u>
Studio	\$400.00
1 Bedroom	\$400.00
2 Bedroom	\$450.00
3 Bedroom	\$500.00
4 Bedroom	\$550.00

Please list up to 4 surrounding units for inspection here _____,
 _____, _____. Surrounding units include **ONLY** the units above, below,
 to either side or directly across the hall. ALL other units will be charged the \$15.00 inspection fee and
 must be sent over on the INSPECTION form.

THIS IS NOT A GUARANTEED SERVICE

Each unit will be billed separately and **must** have it's own form.

Cancellation fee is \$50.00 per unit (unless 24-hour notice is given)

Name of Authorized Agent (Please Print): _____ Date: _____

Title: _____ Signature: _____

Information on requesting an Emergency Service. There will be a \$75.00 charge in addition to the standard service fee. There is a mandatory 2 day waiting period before the service will be scheduled to give tenants time to prepare. If the unit isn't prepared properly the probability of this service working the first time decreases significantly. ***This is not a guaranteed service and the preparation is extremely important!*** The service will be scheduled within 2 days FOLLOWING the waiting period. Please keep in mind, Non-emergency services are normally scheduled within 4 to 6 days from receipt of the request.

YES, I am requesting Emergency service _____ (please initial here to authorize)

All services will be billed to the Management Company; no tenants will be billed. Signature on this document equals authorization for service and agreement to all the above conditions.