

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
Health Regulation & Licensing Administration

Rodent Control Division



CONTACT PERSON: _____
ADDRESS: _____
TELEPHONE: _____
DATE: _____

RODENT CONTROL STAFF MAY BAIT YOUR PROPERTY FOR RATS UPON YOUR REQUEST AND SIGNATURE ON THIS PETITION. TO ENSURE THAT OUR STAFF CAN PROPERLY BAIT, PLEASE REMOVE DOGS FROM YARD AND UNLOCK GATES.

DO NOT MAIL OR FAX THIS PETITION. CALL THE RODENT CONTROL DIVISION @ 202-535-1954 TO SCHEDULE AN APPOINTMENT TO SUBMIT THIS COMPLETED PETITION.

I CERTIFY THAT I HAVE GIVEN MY PERMISSION TO HAVE MY PREMISES INSPECTED AND BAITED TO REDUCE RODENT ACTIVITY. THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH SHALL NOT BE LIABLE FOR CONSEQUENTIAL, SPECIAL OR INDIRECT DAMAGES RESULTING FROM SUCH TREATMENT.

ADDRESS

SIGNATURE/PHONE NUMBER

_____	_____
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