



PORT COLBORNE

**Residential Rodent Control Rebate Program:
Contractor Information Form**

Contractor Information

Business Name: _____

Address _____ City _____ Postal Code _____

Phone: _____ Email: _____

Contractor Invoice No.: _____ Invoice Date _____

Total (including Taxes): _____

Customer and Service Information

Residential Address: _____

Owner/Tenant Name: _____

Date of Service: _____ Were rat burrows found on the property? Yes No

Number of bait stations and/or traps placed on exterior property: _____

Name of Rodenticide / Product used: _____

Possible cause/source of rat problem: _____

Further recommendations to customer for future prevention (if any):

Signature of Contractor

Date

(I certify that I have a valid Ontario Exterminator Licence from the Ontario Ministry of the Environment and Climate Change (MOECC) authorizing pesticide use according to the terms and conditions of the Licence)

Signature of Property Owner

Date

Notice of Collection: The personal information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of participation in, and administration of the City of Port Colborne Residential Rodent Control Rebate Program, and updates about rodent control initiatives.