

COMMISSIONER

Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

ILLEGAL/UNLICENSED PEST CONTROL OPERATIONS REPORT FORM

Respond to:

Bureau of Inspection and Incident Response 3125 Conner Blvd, Suite N, Tallahassee, FL 32399-1650

Rule 5E-14.1025, F.A.C. Telephone: 850-617-7996

NOTE - Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. This communication may therefore be subject to public disclosure. **DO NOT SUBMIT THIS FORM if you wish your personal information, including email address, to remain confidential.**

I would like to submit the following observations (which might include evidence such as photos, contracts, receipts, etc.) of what would appear to be unlicensed/illegal pest control operations to the Department.

OBSERVATIONS:		DATE:	TIME:	
LOCATION WHERE ACTIVIT	ATION WHERE ACTIVITY OBSERVED: (if any)		COUNTY:	
Street Address or P.C). Box			
City		State	Zip Code	
EHICLE INVOLVED (if any)	TAG:	((If not FL, indicate STATE)	
Make:	Model:	Color:	Year:	
SPECTED CUSTOMERS (if	any)			
Name of individual(s)		Contact telephone	e number	
Name of Company (if a	ny)			
Street Address	City	Sta	ate Zip Code	
UR CONTACT INFORMATI	ON (not required)			
 Name		Phone num	nher	