

## Bed Bug Service Request Form

Management Company Name: \_\_\_\_\_  
Office Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Tenant Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
# of Bedrooms/Sleeping areas\*: \_\_\_\_\_ Unit Status (Circle One): Occupied, Vacant, or Vacant & Empty

**Each unit is billed individually and must have a separate form.**

Customer Base Rate: Regular** Service		Customer Base Rate: Non-Regular** Service	
Unit Type	Base Price	Unit Type	Base Price
Studio	\$400.00	Studio	\$600.00
1 Bedroom	\$400.00	1 Bedroom	\$600.00
2 Bedroom	\$450.00	2 Bedroom	\$650.00
3 Bedroom	\$500.00	3 Bedroom	\$700.00
4 Bedroom	\$550.00	4 Bedroom	\$750.00
5 Bedroom	\$600.00	5 Bedroom	\$800.00

We offer hourly rates for bulk service; minimum of five (5) units completed in the same building on the same day. Prices are per hour AND per technician (written as per hr/tech). Regular\*\* Service price: \$300.00 per hr/tech. Non-Regular\*\* Service is \$500.00 per hr/tech. Call our office for an hourly service agreement.

Vacant, empty units will be charged at a 25% discount; unit must be both vacant **AND** empty of all belongings. Please indicate this by circling the correct status above. Our technician has final authority in the determination of the unit status and per bed charge according to what is found at the time of service.

### **Important and highly recommended to comply with City of Chicago Ordinance:**

List 4 surrounding units for inspection here for no additional charge. 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 which can be found on our website.

#1) \_\_\_\_\_, #2) \_\_\_\_\_, #3) \_\_\_\_\_, #4) \_\_\_\_\_.

There is a **\$50.00 Cancellation Fee per unit** if the tenant is not ready for or refuses service on the scheduled appointment day unless our office is notified of the cancellation at least 24-hour in advance of the appointment.

# **This service is NOT guaranteed.**

Name of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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\*An additional charge of \$25.00 per bed will be charged per apartment for bedrooms or sleeping areas with more than one bed per room. Sleeping area is defined as any area not classified as a bedroom but is used for sleeping and contains a bed or couch regularly used for sleeping.

\*\*Regular pest control service consists of Monthly, Every Other Month or Quarterly service. All other service types and/or frequencies such as Single Service or 2x Per Year are not considered regular service.

**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.**