



Best Care Fumigation Services, Inc
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This page is only required when specifically requested by your inspector, prime contractor, or Best Care Fumigation Services, Inc. If directed to complete this form, please follow the instructions provided.

NEIGHBOR PERMISSION RELEASE

This notice pertains to the neighbor located at the (please circle): LEFT / RIGHT / REAR

I, (print name) _____, have read and fully understand the instructions provided to me as a neighbor to facilitate the fumigation process. I acknowledge that my signature and cooperation are required for the fumigation to proceed. I understand that without my approval and assistance, the fumigation may be canceled.

Common Fences – Several fence boards (approximately three or four) next to the support post and top rail will need to be temporarily detached to allow the fumigation tarps to properly seal to the ground. Best Care Fumigation Services, Inc. will carefully detach the necessary fence boards and reattach them to their original state once the fumigation is complete.

If you have pets that stay in your yard, please make arrangements for them, as the fumigation process may take several days. If you have cats, it is particularly important to keep them in a safe place, as they may become curious and attempt to investigate or hide under the fumigation tarps. We at Best Care Fumigation Services, Inc. are committed to taking all precautions to prevent accidents.

Stored Items – Any items stored near the shared fence must be removed during the fumigation process to allow clear access for our crew and equipment.

Plants – Our crew and equipment require sufficient space to perform the fumigation properly. Best Care Fumigation Services, Inc. may need to trim or pull back plants in the area to create the necessary clearance.

We appreciate your cooperation in helping us eliminate the infestation of drywood termites (or other wood-destroying pests) in the most effective manner.

Neighbor Information:

Address: _____

Phone #: _____ Cell/Work #: _____

Acknowledgment:

Printed Name: _____

Signature: _____ Date: _____