



Residential Rat Control Rebate Program: Contractor Information Form

Contractor Information

Business Name: _____

Address _____ City _____ Postal Code _____

Phone: _____ Fax: _____

Email: _____

Contractor Invoice No.: _____ Invoice Total: _____

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: _____

Recommendations to Customer: _____

Signature of Pest Control Contractor Representative Date

(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 collection pursuant to the Municipal Act, Section 11. This information will be used for the purposes of participation in, and administration of the City of St. Catharines Residential Rat Control Rebate Program, and updates about rat control initiatives. Questions about this collection should be directed to Planning and Building Services, 50 Church Street, PO Box 3012, St. Catharines, ON L2R 7C2, Phone: 905-688-5601, extension 1660.