



**WILTON SIMPSON
COMMISSIONER**

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

REQUEST FOR INVESTIGATION

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

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

To:

Date:

Your () letter, () phone call, () visit of _____ is hereby acknowledged. Please fill out this form and return it with copies of any pertinent contracts and documents. Original documents will be returned to you. Upon receipt of the completed form, we will assist you in any way possible within the scope of our authority.

Sincerely,

Inspector/Investigator

NOTE: The Department of Agriculture and Consumer Services has no authority under the Structural Pest Control Act, Chapter 482, Florida Statutes, to arbitrate any claims for personal or property damage or adjudicate settlement. If you wish to pursue these matters, you may want to consult an attorney for legal options.

NAME OF COMPLAINANT/REQUESTOR _____

ADDRESS OF PROPERTY INVOLVED: (Street, City, County and Zip Code) _____

PHONE NUMBER: Home: _____ Work: _____

VERSUS: PEST CONTROL COMPANY(S) _____

ADDRESS _____

CITY _____ COUNTY _____

HAVE YOU COMPLAINED TO OR CONTACTED THE COMPANY? _____ WHEN? _____

IF SO, WHAT DID THEY DO? _____

DO YOU HAVE A WRITTEN CONTRACT WITH THIS COMPANY? _____ IS IT PAID
UP AND IN FORCE? _____

(Attach copies of contracts and/or other documents)

TYPE OF COMPLAINT: (please check one) AGREEMENT/CONTRACT _____

PESTICIDE MISUSE _____

WOOD-DESTROYING ORGANISM INSPECTION REPORT _____

OTHER _____

SUMMARY OF COMPLAINT: (Please state your complaint or problem clearly.)

Continue on other side or on separate sheet if needed.

As owner of the property described above, I hereby request and authorize the Department of Agriculture and Consumer Services to intervene and to inspect my property. If deemed necessary by the inspecting official, I will sign a true statement of facts and release all documents and correspondence pertaining to my complaint or problem and will testify if called upon to do so. I hereby certify that all of the above statements are true and correct to the best of my knowledge and belief.

SIGNATURE OF PROPERTY OWNER (OR AUTHORIZED AGENT)

DATE _____ ADDRESS (If other than shown) _____
