



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

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

**REQUEST FOR INVESTIGATION**

**ADAM H. PUTNAM**  
**COMMISSIONER**

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

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.

COMPLETE AND RETURN TO:

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) \_\_\_\_\_

\_\_\_\_\_