

Integrated Pest Management Application

Disclaimer: In order to receive IPM treatment the client must agree to follow the prepping list and the post follow up procedures that must be implemented by the client to insure that the chemical or heat treatment is successful. This is a **one-time service** provided by the “Indoor Air Quality” division for Comanche Nation tribal members that reside in Comanche Nation housing through low rent program, lease to own program or a **privately owned** house by a Comanche Nation member.

Following Requirements are needed for the bed bug application process to proceed:

- Provide (CDIB Card)
- Proof of ownership or residency (Utility Bill) of where services will be provided.
- Must reside in the Comanche Nation jurisdiction (Comanche, Caddo, Kiowa, Grady, Cotton, Tillman & Stephens) counties.

The Integrated Pest Management Division does not provide the actual heat and chemical treatment to the unit. The treatment is contracted out to a third party “exterminator” and is not responsible for any damage done to the house, furniture or clothing during the heat and chemical treatment process.

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I _____ agree to the one-on-one counseling of the type of infestation, to apply the prepping list, and follow the prevention & control component of the IPM strategy plan. I also understand that it is my responsibility to implement the IPM strategy plan before any conventional pesticide application or heat treatment will be rendered. The second assessment performed by the IPM staff will determine if the client has applied the IPM strategy plan that has been catered for their infestation and make the decision whether or not there needs to be any further treatment to the infestation. If the client has not performed their duties then there will be no chemical or heat treatment rendered. I _____ understand and agree to these terms.

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I _____, the property owner(s) of the land which is located at:

Mailing Address:

Contact Person & Phone Number:

***PROOF OF OWNERSHIP/RESIDENCY (UTILITY BILL) IS NEEDED FOR COMPLETE APPLICATION**

Do hereby give my consent to the Comanche Nation Office of Environmental Program or their authorized representative to enter the said property for the following:

Bed Bug Infestation Assessment

Mouse Infestation Assessment

Ant Infestation Assessment

Roach Infestation Assessment

Signature/Date

Comanche Roll #

Schedule Date

By

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