



## Bed Bug Report Form

Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Street Address and Unit #: \_\_\_\_\_

Have you seen bed bugs in your Unit? Yes  No

Where have you seen bed bugs in your unit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you first see bed bugs? \_\_\_\_\_

\_\_\_\_\_

Have you/or anyone in the household recently traveled? Yes  No

Have you recently brought used furniture or clothing into your unit? Yes  No

Have you recently brought furniture or clothing into your unit? Yes  No

Resident Signature: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Community Corp will arrange for treatment of your unit. To prevent the spread of bedbugs to other units, please do not discard any affected items at the property. You will get instructions on how to properly discard any affected items.

Thank you for helping Community Corp. prevent the spread of pests in the units.

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Equal Housing Opportunity

