



Mayor Joshua A. Garcia

Timothy M. Rivers, Director

City of Holyoke

Board of Health

WITNESS OF EXTERMINATION

Date: _____ Time: _____

Property Owner: _____

Property Address: _____

Exterminator: _____

Company: _____

Company Address: _____

Rodenticide/Chemicals Applied: _____

Reason for Extermination: _____

Comments: _____

Board of Health Representative: _____

Title: _____

Signature: _____

I hereby certify, under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have applied the above noted pesticide in accordance with Chapter 1328 of the General Laws and any other applicable law or regulation.

Signature of Examiner