

CITY OF BALTIMORE

SHIELA DIXON, Mayor



HEALTH DEPARTMENT

Joshua M. Sharfstein, M.D., Commissioner
210 Guilford Avenue
Baltimore, MD 21202

RELEASE OF LIABILITY

I _____, the occupant at _____
(PRINT NAME) *(ADDRESS)*
have control of the yard of the property.

I give my permission to employees of the Baltimore City Health Department to come onto the property to do work required to exterminate or to bait for rats. I understand that pesticides may be used in this process.

I will do my part by cleaning the yard and removing any bulk items, by not feeding pets outside, and will obtain and use durable garbage cans with tight fitting lids. I also agree to release the City from any claims or actions arising out of or related to the Rat Rub Out Program.

The right of entry and permission to do work shall expire 120 (one hundred twenty) days from the date of signature.

SIGNATURE

ADDRESS

CONTACT NUMBER

DATE

CONFIRMATION NUMBER

_____ Sorry we missed you today. Please put your address, signature and the date in the space above. Then mail or fax this permission form to us at the following address:

**OFFICE OF VECTOR CONTROL
3501 BREHMS LANE
BALTIMORE, MARYLAND 21213
(443) 984-3175
(410) 488-2680 (fax)**

FOR OFFICE USE ONLY

TO BE COMPLETED BY PEST CONTROL WORKER _____

_____ Yes, I have observed rat infestation and treated this property _____
DATE

_____ No, there is no rat infestation _____
DATE