



Apt. _____

Unit # _____

LET IT BE KNOWN THAT AN OZONE MACHINE WILL BE DROPPED OFF AT YOUR APT FOR A PERIOD OF 2 DAYS.

SCHEDULED DATE TO BE DROPPED OFF _____

DURING THIS PROCESS ALL OCCUPANTS AND PETS WILL HAVE TO VACATE FOR A MINIMUM OF 2 DAYS FOR HEALTH REASONS.

THANK YOU,
POWERHOUSE CARPET CLEANING

PLEASE SIGN AND RETURN

OCCUPANT NAME:

SIGNATURE _____

APT MANAGEMENT REPRESENTATIVE NAME:

SIGNATURE _____