



Health Department  
2100 Ridge Avenue  
Evanston, Illinois 60201-2798

Telephone 847/866-2948  
Fax 847/448-8134

**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 City of Evanston and/or its contractor, a licensed pest control operator, 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 Health Rodent Baiting 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:

**CITY OF EVANSTON  
HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
2100 RIDGE AVENUE  
EVANSTON, IL 60202  
(847) 866-2949  
(847) 448-8134 (fax)**

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**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