

REQUEST FOR INSECT IDENTIFICATION

PLEASE FILL IN ALL SECTIONS OF THIS FORM.

| YOUR NAME: | DATE: |
|---|----------------|
| COMPANY NAME IF APPLICABLE: | |
| <u>, </u> | |
| ADDRESS: | TEL NO: |
| | Email address: |
| | |
| | |
| | |
| Type of premises (house/office etc)? | |
| Where in the premises were the insects found? | |
| How long has it been going on for? | |
| Approx. how many insects were present? | |
| Were the insects larvae, pupae, adult, nymph? | |
| | |
| MORE DETAILS: ANYTHING OF INTEREST | |
| | |
| | |
| If samples are attached pleasure ensure they are protected and not squashed. Please attach images or email them to enquiries@pestprofessionals.co.uk including your | |
| name, address and telephone number. | |
| PEST PROFESSIONALS, UNIT 2 EAGLETHORPE BARNS, WARMINGTON, PE8 6TJ | |