

**REQUEST FOR INSECT IDENTIFICATION**

**PLEASE FILL IN ALL SECTIONS OF THIS FORM.**

|   |                       |
|---|-----------------------|
| <b>YOUR NAME:</b>   | <b>DATE:</b>          |
| <b>COMPANY NAME IF APPLICABLE:</b>  |                       |
| <b>ADDRESS:</b>   | <b>TEL NO:</b>        |
|   | <b>Email address:</b> |
| <b>Type of premises (house/office etc)?</b>   |                       |
| <b>Where in the premises were the insects found?</b>  |                       |
| <b>How long has it been going on for?</b>   |                       |
| <b>Approx. how many insects were present?</b>   |                       |
| <b>Were the insects larvae, pupae, adult, nymph?</b>  |                       |
| <b>MORE DETAILS: ANYTHING OF INTEREST</b>   |                       |
| <b>If samples are attached please ensure they are protected and not squashed.<br/>Please attach images or email them to <a href="mailto:enquiries@pestprofessionals.co.uk">enquiries@pestprofessionals.co.uk</a> including your name, address and telephone number.</b> |                       |
| <b>PEST PROFESSIONALS</b><br><b>The Granary, Rectory Farm Offices, Peterborough, PE8 6UT</b>  |                       |