

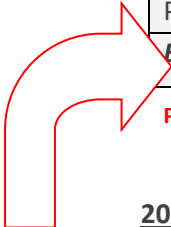


Clarke Environmental Mosquito Management, Inc.
 2026 Residential Service Agreement:

2026 Residential Service

CONTACT & BILLING INFORMATION

Customer No.:	Contact Name (s):
Billing Address:	
City/State/Zip:	County:
Treatment Address and County: (if different from billing address):	
Phone No.:	Alternate Phone No.:
Email Address:	



Please provide us with your email address. In an effort to be sustainable we ask that you provide us with an email address that invoices should be sent to. Your email will only be used for Clarke correspondence.

2026 PACKAGE RATES

1 - Treatment...\$80.00

Payment due on:
 1st of the Month \$_____

4 - Treatments...\$320.00

Payment due on:
 1st of the Month \$_____

8 – Treatments ...\$ 640.00

Payment due on:
 1st of each Month \$320 \$_____

PAYMENT METHOD (NEW OPTIONS)

Enclosed is my check for the full amount (Plus Tax) for the 2026 program. Check # _____

Charge the entire amount of the 2026 program (Plus TAX) to my credit card **

MasterCard Visa Discover American Express

Charge my 2026 program to my credit card on a monthly basis (Plus TAX)**

MasterCard Visa Discover American Express

**Payments will be charged to your credit card on the day your payment is due.

Card #: _____ Exp. Date: _____

Name on Card: _____



Clarke Environmental Mosquito Management, Inc. 2026 Residential Service Agreement:

TREATMENT INFORMATION

Please use the lines below to indicate any special instructions you would like our crews to adhere to during the application.

Please read the following statement carefully, and sign in the space below:

Signing and returning a copy of this contract will authorize Clarke Environmental Mosquito Management, Inc. ("Clarke") to perform only the services stipulated within the limits of this cost estimate, unless otherwise stated. The above cost estimate is for the treatment of one residence; use of the service for more than one residence without appropriate approval from an authorized Clarke representative is strictly prohibited. Services must be performed during the 2026 season and may not be carried over to ensuing seasons. Clarke reserves the right to relinquish service if payments become delinquent-service may not resume until the outstanding debt is resolved.

Services will be completed when Clarke technicians are in the District performing services on the ponds.

DAMAGE CLAUSE: For the protection of property and for the safety of service crews, Clarke requires that all exterior lights, including landscape lighting, be turned on for all services scheduled between dusk and dawn and that the treatment property is cleared of all hazards, including but not limited to, clothes lines, soccer nets, children's toys, and portable fireplaces.

Allegations of property damage resulting from scheduled Clarke service must be submitted in a written report filed directly with respective Control Consultant within two (2) business days.

Clarke team will review the report, determine a fair and equitable resolution, and respond in a timely manner.

LICENSES AND PERMITS: Clarke is compliant on all required licenses, permits and reporting requirements, including those under the new NPDES (National Pollutant Discharge Elimination System) permit.

I, the undersigned, have read and understand the terms and conditions as stated above, and hereby authorize Clarke Mosquito Control, Inc. to perform services rendered.

Signature

Date

PLEASE FILL OUT BOTH PAGES AND RETURN FOR OUR FILES

Clarke ♦ 3036 Michigan Ave ♦ Kissimmee, FL 34744 ♦ www.clarke.com
Fax (407-944-0709) ♦ Attn: Crystal Challacombe cchallacombe@clarke.com