



# Town of Kearny

## Department of Public Health • Walter J. Nicol Health Center

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Phone (201) 997-0600 • Fax (201) 997-9703

WWW.KEARNYNJ.ORG

Kenneth R. Pincus, Health Officer

SITE ADDRESS: \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_  
\_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

INITIAL DATE OF TREATMENT: \_\_\_\_\_

LICENSED EXTERMINATOR BUSINESS: \_\_\_\_\_ STATE LICENSE#: \_\_\_\_\_

ADDRESSES: \_\_\_\_\_

PHONE: \_\_\_\_\_

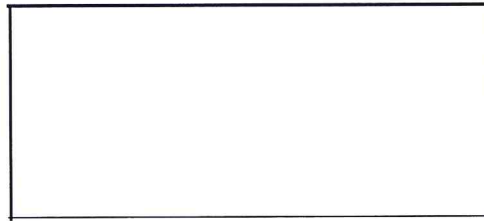
EXTERMINATOR NAME AND LICENSE NUMBER, IF APPLICABLE: \_\_\_\_\_

TYPE OF BAIT: \_\_\_\_\_

N

LOCATION OF BAIT:

W



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### FOR HEALTH DEPARTMENT USE ONLY

HEALTH DEPARTMENT WITNESS: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

LOCATION OF PEST ACTIVITY(if none, state none): \_\_\_\_\_

RE INSPECT(circle one): YES NO

IF YES, BUILDING OWNER MUST PROVIDE RECEIPT OF SECOND EXTERMINATION

RE INSPECTION DATE: \_\_\_\_\_

VERMIN ACTIVITY (if none, state none): \_\_\_\_\_

DEMOLITION APPROVED BY HEALTH DEPARTMENT: DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DEMOLITION APPROVAL EXPIRES TWO WEEKS FROM THE DATE OF APPROVAL ABOVE