

# CYPRESS CREEK

## PEST CONTROL

8722 ROCKMORE • HOUSTON, TX 77064 • (281) 469-2679 / Fax (281) 469-4720

**Billing Address**

Client Name: WILLIAMSBURG SETTLEMENT

Billing Address: PO Box 219320

City, State, Zip Houston, TX 77218

Buyer's Name: Williamsburg Settlement

Title: \_\_\_\_\_ Phone: 281-945-4668

O.A. /Log Book Yes  No  Log Report Yes  No

**Service Address**

Location Name: WILLIAMSBURG SETTLEMENT

Address: 1602 Hoyt Lane

City, State, Zip Houston, TX 77079

Contact Person: Cindy N. Bojé

Title Property Mngr Phone 281-945-4668

\_\_\_\_\_ person responsible for book and/or reports

**INTENT**

A. This agreement is intended to constitute a mutual understanding between WILLIAMSBURG SETTLEMENT M.A. and Cypress Creek Pest Control. (client)

**TERMS OF AGREEMENT**

A. This agreement shall be effective for a period of one year. Thereafter it will renew automatically on an annual basis unless modified OR TERMINATED BY EITHER PARTY WITH A WRITTEN THIRTY-DAY NOTICE.

**COVERED PESTS:**

roaches, silverfish

**AREAS TO BE SERVICED:**

Pest control service for clubhouse

**Initial Intensive Treatment:-**

SERVICE FREQUENCY: **NLabel** WEEKLY  TWICE PER MONTH  MONTHLY  quarterly   
other

EQUIPMENT TO BE INSTALLED:	NO.	AMOUNT
Tamper Proof Bait Stations	_____	_____
Standard Bait Stations	_____	_____
Ketchall Traps	_____	_____
Other:	_____	_____

Equipment which in the future becomes damaged or missing will be replaced at the rates current at that time.

**SERVICE FEES:**

Initial Intensive Treatment: (includes equipment costs) \_\_\_\_\_  
Fee per regular service \$ 67.80 plus tax, if applicable

All sales are subject to the terms and conditions on this agreement.

**PROPOSED BY**

By: Suzanne Ivey

Title: VP

Date: 5-15-18

**ACCEPTED, AS AUTHORIZED AGENT**

By: *Ng Ellis*

Title: SECRETARY / TREASURER

Date: 5/15/2018 P.O. Number: \_\_\_\_\_

LICENSED BY: STRUCTURAL PEST CONTROL BOARD  
PO Box 1927, Austin, TX 78767-1927  
Phone: (512) 305-8250