

LINCOLN COUNTY PREDATOR & PEST CONTROL Lincoln County Commissioners PREDATOR & PEST		<input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> FORCE CONTROL	
CUSTOMER NAME			
CUSTOMER ADDRESS/LEGAL OR GENERAL DESCRIPTION BILLING ADDRESS IF DIFFERENT THAN ABOVE:			
CUSTOMER PHONE NUMBER:			
DAMAGE TO:			
METHODS		TARGETED SPECIES	
<input type="checkbox"/> Firearm <input type="checkbox"/> Foot hold		<input type="checkbox"/> Coyotes <input type="checkbox"/> Badgers	
<input type="checkbox"/> Snares <input type="checkbox"/> Body Grip		<input type="checkbox"/> Racoons <input type="checkbox"/> Opossums	
<input type="checkbox"/> Cage <input type="checkbox"/> Other		<input type="checkbox"/> Skunks <input type="checkbox"/> Beavers	
	HOURS/\$50	MILEAGE (2.00)	TOTAL INVOICE: DUE UPON RECEIPT
<p>By signing this form I hereby certify that: I have requested predator and pest control services be performed on property owned or controlled by me and that I will be financially responsible for all charges associated with such services; I acknowledge that predator and pest control by its nature is unpredictable and while every effort will be made to provide such services in an efficient manner, any estimations of time and materials provided by Lincoln County Predator and Pest Field Control Agents are, in fact, estimations and not price quotes; I have been instructed in the specific use of the requested material and agree to use it in accordance with procedures recommended by the County of Lincoln, Nebraska; I further understand and accept that any animals taken by Lincoln County Predator and Pest Field Control Agents pursuant to this request will be euthanized in a humane manner; finally, that I do hereby release and forever discharge the County of Lincoln, Nebraska, and its employees, including the below signed Lincoln County Predator and Pest Field Control Agent, from any and all liability from any claims for damages whatsoever that I have or which may arise out of or in any way relating to the services performed herein and that such waiver of liability shall be binding upon me, my heirs, executors, personal representatives administrators, successors and assigns.</p>			
DATE.		FIELD CONTROL AGENT:	
CUSTOMER SIGNATURE:		CERTIFIED PESTICIDE APPLICATOR NUMBER NEB. _____ EXP. __/__/__	
COMMENTS:		MAKE CHECKS PAYABLE TO: LINCOLN COUNTY PREDATOR & PEST CONTROL 301 NORTH JEFFERS NORTH PLATTE, NE 69101	

