

# ESTIMATE

Ant Infestation Remediation

Estimate #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Service Provider:**

\_\_\_\_\_

Phone: \_\_\_\_\_

**Client / Property Location:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Description of Service / Area Affected	Qty/Hrs	Rate	Amount
<b>Infestation Inspection &amp; Identification</b> Species: _____			
<b>Interior Perimeter Treatment</b> Baiting, dusting, or residual spray			
<b>Exterior Barrier Application</b> Foundation and entry point sealing			
<b>Follow-up Visit / Monitoring</b>			
<b>Other:</b>			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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Total Estimate: \$ \_\_\_\_\_

**Notes / Findings:**

Severity Level:  Low  Moderate  Heavy

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*Estimate valid for 30 days. This is not a final bill. Final costs may vary based on discovery during treatment.*