Office of Environmental Health, Safety and Risk Management

Email: Fran.Erlitz@baruch.cuny.edu **Phone: (646) 660-6048 Fax: (646) 660-6051**

EXTERMINATION REQUEST FORM

Please fill out completely and return to Fran Erlitz via fax or email.

Date of Request: _____

Location:
Building: B - The Newman Vertical Campus (55 Lexington Avenue)

Floor: _____ **Room(s):** _____

Requestor's Name: _____

Department Name: _____

Phone: _____ **Email:** _____

Type of Issue:

_____
_____
_____
_____
_____
_____

For exterminator use only: