

Bed Bug Sample Report

Date:

Name of Resident:

Address/Unit:

Contact Number:

Have you seen a bed bug in your unit? Yes or No

Where have you seen bed bugs in your unit?

When did you see the bed bugs first?

Have you/anyone in the household traveled recently? Yes or No

Have you recently bought used furniture in your unit? Yes or No

Describe any additional information that may be useful for controlling the problem.

Sample images and screenshots:

Resident's signature:

Property manager: