



Mold Solutions of MN Work Order

Fax: 320-656-5468

PO # _____

Customer: _____ **Date to treat:** _____

Job Site Contact: _____ **Contact Phone:** _____

Site Address: _____ **City:** _____

Directions: _____

Style of Structure: _____ **Sq. Ft.:** _____

Areas to Treat: All interior wood surfaces Exterior Finished Interior

MOLD ? _____

Please notify us of any existing or possible mold on the structure so we can remediate the mold and ensure proper treatment.

Authorized Signature _____ **Date** _____

By signing, you agree to have Microbe Guard Inc apply our EPA Registered Antimicrobial treatment to the home at the address listed above, at the terms agreed to in Microbe Guard Inc's Contract.

PRE-LIEN NOTICE: THE FOLLOWING NOTICE IS PROVIDED TO YOU AS REQUIRED BY LAW:

- (A) ANY PERSON OR COMPANY SUPPLYING LABOR OR MATERIALS FOR THIS IMPROVEMENT TO YOUR PROPERTY MAY FILE A LIEN AGAINST YOUR PROPERTY IF THAT PERSON OR COMPAY IS NOT PAID FOR THE CONTRIBUTIONS.
- (B) UNDER MINNESOTA LAW, YOU HAVE THE RIGHT TO PAY PERSONS WHO SUPPLIED LABOR OR MATERIALS FOR THIS IMPROVEMENT DIRECTLY AND DEDUCT THIS AMOUNT FROM OUR CONTRACT PRICE, OR WITHHOLD THE AMOUNTS DUE THEM FROM US UNTIL 120 DAYS AFTER COMPLETION OF THE IMPROVEMENT UNLESS WE GIVE YOU A LIEN WAITER SIGNED BY PERSONS WHO SUPPLIED ANY LABOR OR MATERIAL FOR THE IMPROVEMENT AND WHO GAVE YOU TIMELY NOTICE.