

Opp /
Employee
Initials

DEPARTMENT OF EXTERMINATION
EXTERMINATION WARRANT

Name of Warrant Holder _____

Name of Target _____

(Delete as applicable)

Civilian/Opp/Employee

Date of Issue _____

Expiry Date _____

Date of Completion _____

Departmental Authorisation _____

(Invalid if not signed)

Operative / Employee _____

(Invalid if not signed)

(Sign on completion)

This document is invalid if incomplete in any way.



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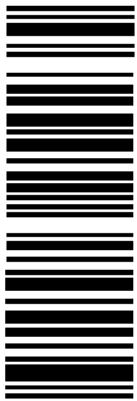
(Invalid if not signed)

Operative / Employee _____

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