



OULGARET MUNICIPALITY  
PUDUCHERRY



APPLICATION FOR SPRAYING DISINFECTANT

Date:

From

To  
The Commissioner,  
Oulgaret Municipality,  
Puducherry-5.

Sir,

Sub: Request for spraying disinfectant – Reg.

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I/We request to spray disinfectant in my premises located in below mentioned address:

Residential / Official address :

Contact Person :  
Mobile No :  
Size of the Premises :

Yours faithfully

Place:

Date :

(Applicant Signature)

For Online Payments :

A/c No : 2816101001374

IFSC Code : CNRB0002816

Bank : Canara Bank, Reddiyarpalayam, Puducherry.



**For Office use only**

Size of the Premises :  
Length : Breadth :  
No of Floors : Total Sq. Ft :  
Quantity Sprayed : Total Amount :  
Inspected By : Work attended on :

I am to inform that the work of spraying disinfectant was completed to my satisfaction.

Signature of Applicant / Client

Signature of Inspecting Authority