

**REQUEST FOR NOTICE OF PESTICIDE APPLICATION
FOR PARENT/GUARDIAN**

Dear Parent/Guardian:

Complete this form **ONLY** if you are requesting notification by United States Postal Service first-class mail.

Please be advised that you **WILL** receive notice via the methods identified in the advisory notice and should only complete this form if you are **ALSO** requesting notification by first-class mail.

If you are requesting prior notification of pesticide treatments conducted at this school or day care center, other than a bait or gel formulation, and you would like the notice to be delivered by United States Postal Service first-class mail at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

School / Day Care Name & Address:

Contact Person & Phone Number:

I wish to receive a prior notice of any pesticide application to the school or day care center by first-class mail.

PARENT NAME: _____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY, ZIP _____

DAY PHONE # _____

EVENING PHONE # _____

Signature

Date