

Dear Parent / Guardian:

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

Please be advised that you **WILL** receive notice via the methods identified in the annual 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, postmarked at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

(ENTER SCHOOL NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER HERE)

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 # _____

Please Check One:

- I wish to be notified prior to a scheduled pesticide application inside of the school building.
- I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.
- Both of the above.

Signature

Date