

**PESTICIDE PRIOR NOTIFICATION REQUEST**

School: \_\_\_\_\_

Parent/Guardian Name:  
\_\_\_\_\_

Student(s) Name:  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City, State, Zip Code:  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Check One:

\_\_\_\_\_ I wish to be notified prior to pesticide treatment inside the building

\_\_\_\_\_ I wish to be notified prior to pesticide treatment outside the building

\_\_\_\_\_ Please notify me about both

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date