

Pesticide Advance Notification

Name: _____

Street Address: _____

State: _____

Zip Code: _____

Phone number: _____

Email Address: _____

Preferred method of notification (please check one method and provide requested information)

_____ Email- list address to use: _____

_____ Phone call-list number to use: _____

I am requesting to be notified at least 48 hours in advance of pesticide being applied on North Montgomery Community School Corporation property.

Signature

Date

(Completed form should be returned to the corporation nurse located at the high School)