



**Pesticide/Herbicide PRIOR NOTIFICATION REQUEST**

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

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School Building or Location: \_\_\_\_\_

Please check one if you need to be notified by U.S. Mail:

- I wish to be notified prior to a pesticide treatment inside the building during the school year.
- I wish to be notified prior to a pesticide/herbicide treatment on the grounds of the school during the school year.
- Both of the above

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO:**

Brighton Area Schools

Attn: Pesticide Notification, Scott Jacobs – Director of Operations

125 S. Church Street

Brighton, Michigan 48116

810-299-4000 – Email: [jacobss@brightonk12.com](mailto:jacobss@brightonk12.com)