



Pesticide/Herbicide PRIOR NOTIFICATION REQUEST

Parent/Guardian Name: _____

Student Name:

Street Address: _____

City: _____ Zip Code _____

Telephone Numbers: Day Time _____ Evening _____

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 MI 48116
810.299.4000
Email: jacobss@brightonk12.com