REQUEST FOR ADVANCE NOTIFICATION BY FIRST CLASS MAIL

Dear Parent / Guardian:

PARENT NAME:

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 <u>only</u> 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, 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:

White Pigeon Community Schools

410 E Prairie Ave

White Pigeon, MI 49099

Contact Person: Bill McClure

(269)483-7676 EXT 52532

I wish to receive a prior notice of any pesticide of any pesticide application to the school by first-class mail.

STUDENT	NAME:	
STREET AD	DDRESS:	
CITY, ZIP		
DAY PHON	NE #	
EVENING F	PHONE#	
Please che	eck one:	
o Iw	I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.	
Signature	· -	 Date