

PESTICIDE APPLICATIONS NOTIFICATION REQUEST

Please return to your building principal.

Date: _____

TO: _____, Principal

_____, School

Address: _____

_____, NY 1255_

School: _____

School Address: _____

New _____, NY 1255_

I, _____ the parent/guardian of (name of student) _____, a

student at _____ School, would like to receive written notification of any future pesticide applications at the school.

My mailing address is:

Thank you,

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)