

PRIOR NOTIFICATION REQUEST

(Please create a separate Prior Notification Request for each student)

DELIVER OR MAIL TO

Facilities & Operations Department
851 Sixth Avenue, Three Rivers, MI 49093

Name of Student's School _____

Parent/Guardian's Name _____

Mailing Address

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Initial Selection (select one option):

_____ I wish to be notified prior to a scheduled pesticide application inside my child's school building.

_____ I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school that my child attends.

_____ Both of the above

Parent/Guardian's Signature

Date

Received by TRCS _____