

PESTICIDE APPLICATION NOTIFICATION
(date-date School Year)

Dear Registrant:

Pursuant to your request, please be advised that the following pesticide application has been scheduled.

Date of Application:

Product Name:

Active Ingredient(s):

Site/Facility:

The product shall be used according to established regulations governing such applications.

If you have any questions, please contact _____.

This letter should be set up as a form on district letterhead or on e-mail to be completed and sent as necessary to registrants.