

Request for Notification before Non-Exempt Pesticide Applications

Dear IPM Coordinator,

I am writing to request notification in advance of non-exempt pesticide applications at my child's school, and/or at the school or other site where I am employed by the school district, as per my legal right under the NC School Children's Health Act.

I understand that I can request 72 hour advance notification for pesticide applications that are not already listed on the school district's annual schedule, if it has one. If there is an annual schedule of pesticide applications for my school site, it has been sent to me, and I can view it at any time by contacting the IPM Coordinator.

I also understand that notification requirements apply to all non-exempt pesticide applications at the relevant school or other non-school site (office building, garage, workshop, etc.), both indoor and outdoor pesticide applications, and including applications planned for summer recess, holidays, weekends, or after school.

Pesticide products exempt from notification requirements include: antimicrobial cleansers, disinfectants, self-contained baits and crack-and-crevice treatments, and any pesticide products classified by the United States Environmental Protection Agency (EPA) as belonging to the US EPA's Toxicity Class IV, "relatively nontoxic."

In addition, I understand that should a pest control emergency require a pesticide application for which there is not adequate time to notify me 72 hours in advance, I will receive a notice of emergency pesticide use less than 72 hours, or as soon as possible after the emergency pesticide application.

I am requesting notification of pesticide use in the following schools or other sites:

- 1) Name of Student or Employee _____
School or other site, homeroom or office number _____
- 2) Name of Student or Employee _____
School or other site, homeroom or office number _____
- 3) Name of Student or Employee _____
School or other site, homeroom or office number _____
- 4) Name of Student or Employee _____
School or other site, homeroom or office number _____
- 5) Name of Student or Employee _____
School or other site, homeroom or office number _____

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I would like my primary notification to be (please check one):

Mail

Mailing address: _____

Phone Home phone: _____
Work phone: _____
Mobile or other phone: _____

Email
Email Address _____

In case of a problem with my primary notification method, I would like my back up notification method to be (please check one):

Mail
Mailing address: _____

Phone Home phone: _____
Work phone: _____
Mobile or other phone: _____

Email
Email Address _____

I understand that it is my responsibility to maintain communication through the means I have designated above, and that the school is required to try to contact me only once about a pesticide application. If I do not receive the notification because I have not updated my mailing address; my voicemail or answering machine are full or not functioning; or because my email account is not functioning, over quota, or notification from the school is auto-filtered as spam; it is my responsibility to correct the problem. Though they will attempt to alert me to the issue, the school system is not liable.

Sincerely,

Full Name (please print): _____

Signature: _____ Date: _____