NAPA COUNTY OFFICE OF EDUCATION

2121 Imola Avenue, Napa, California 94559-3625 Ph.707.253.6828 Fx.707.253.6894

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

I understand that, upon request, the public school district or child day care center listed above is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at the site where my child is enrolled.

I would prefer to be cont	acted by (circle one):	U.S. Mail	E-Mail	Phone
Please list all information	below. Please print nea	tly. Thank you.		
Name of Parent/Guar	dian:			
Name of Chi l d:				
Address/City:				
Day Phone:	Evening	Phone:		
E-Mail:				
Site at which your chi	ld is enrolled:			
Date:	_			
Please Return To:	Napa County Office of Director of General Se		ies	

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