



REQUEST FOR ADVANCE NOTIFICATION BY FIRST CLASS MAIL
Integrated Pest Management Program

Dear Parent / Guardian:

Complete this form **ONLY** if you are requesting advance notification of a pesticide application by United States Postal Service first-class mail.

Please be advised that you **WILL** receive notice via the methods identified in the annual advisory notice and should only complete this form if you are also requesting notification by first-class mail.

If you are requesting prior notification of pesticide treatments conducted at this school or day care center, other than a bait or gel formulation, and you would like the notice to be delivered by United States Postal Service first-class mail, postmarked at least 3 days prior to the planned treatment, please complete the information on the following form and submit it to:

Shantell Gordon, Facilities Assistant
Washtenaw Intermediate School District
P.O. Box 1406
1819 S. Wagner Road
Ann Arbor, MI 48103

sgordon@washtenawisd.org

I wish to receive a prior notice of any pesticide application to the school or day care center by first-class mail.

PARENT NAME: _____

STUDENT NAME: _____

STREET ADDRESS: _____

Please indicate the program or facility name in which the student is enrolled:
