



PGUSD Request for Individual Pesticide Application Notification

I understand that, upon request, the school district 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 this school.

1. School and/or District Sites: *(Please select all sites for which notification is requested)*

- | | |
|--|--|
| <input type="checkbox"/> David Ave Campus | <input type="checkbox"/> District Office |
| <input type="checkbox"/> Forest Grove Elementary | <input type="checkbox"/> Pacific Grove Adult School |
| <input type="checkbox"/> Pacific Grove High School | <input type="checkbox"/> Pacific Grove Middle School |
| <input type="checkbox"/> Robert Down Elementary | |

2. Contact Preference: *(Please select one)*

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> E-Mail |
|--------------------------------|---------------------------------|

3. Registration Information: *(Please print neatly)*

Please print neatly:

Name of Parent/Guardian/Employee: _____ Date: _____

Address: _____

Day Phone: (____) _____ Evening Phone: (____) _____

E-Mail: _____

Please complete this form and return to:

Pacific Grove Unified School District
Attn: Facilities – Healthy Schools Registry
435 Hillcrest Ave
Pacific Grove, CA 93950