



Lowell Area Schools
Request for Advance Notification by First Class Mail

Complete this form **ONLY** if you are requesting advance notification of a pesticide application by the United States Postal Service first-class mail. Please be advised that you **WILL** receive notice via the methods identified in the annual advisory notices 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 below and submit to:

Lowell Area Schools
Director of Operations
12695 Foreman
Lowell, MI 49331

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

Parent Name: _____

Student Name: _____

Street Address: _____

City, State, Zip: _____

Day Phone Number: _____

Evening Phone Number: _____

Please Check One:

- I wish to be notified prior to a scheduled pesticide application inside of the school building.
- I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.
- Both of the above

Signature

Date