



PESTICIDE EXEMPTION REQUEST APPLICATION

APPLICANT


Name * First Last


PHONE *

EMAIL *

CITY DEPARTMENT *

PESTICIDE

Start Date of PROPOSED Pesticide Use * MM / DD / YYYY 

End Date of PROPOSED Pesticide Use * MM / DD / YYYY 

Product Name *

Active Ingredients

EPA Registration # *

Pesticide Type

ATTACH TO YOUR REQUEST

- The product label
- The product MSDS

LOCATION

Address of pesticide use

Street Address

City State Zip Code

Detailed Location for Pesticide Use

JUSTIFICATION

Pest

Justification for Use *

Maximum of 250 words.

Explanation of Efforts to Find Alternatives *

Maximum of 250 words.

Strategy to Prevent Future Exemptions *

Maximum of 100 words.

Approved: _____

(Public Works Director)

(Date)