

Falconer Central School Request for Pesticide Application Notification

(please print)

Building: (please circle one)

High School

Fenner Elementary

Temple Elementary

All

Name of parent/guardian: _____ (please print)

Signature of parent/guardian _____

Address (with zip code): _____

Day Phone: _____ Evening Phone _____

Please contact David Micek, Falconer Central School District pesticide representative at 2 East Avenue, Falconer, NY 14733, or phone 665-6624, option 7, or fax 665-9265, for further information on these requirements.

*Written notification must be provided to all persons in parental relation and staff at the following intervals throughout the school year; at the beginning of the school year; within two school days of the end of winter