

Plymouth County Mosquito Control Project

School Request for Mosquito Spraying

Name of School _____

Name of Town/City _____ Address _____

How would you like to receive your Standard Written Notification?

By E-Mail or Fax : _____

Date of Requested Spraying: _____

Describe the area(s) to be sprayed:

Children's and Families Protection Act Check List

1. Has the school has submitted an inside and outside IPM plan to the DAR? _____
2. Does the IPM plan include the Plymouth Country Mosquito Control Project and does it list the following pesticides? Duet, with Prallethrin, Sumethrin and Piperonyl as the active ingredients, EPA reg. number 1021-1795-8329. _____
3. The school will follow the guidelines for "standard written notification" as outlined in the Children's and Families Protection Act _____. *PCMCP will fax or email the school the Standard Written Notification form. The Consumer Bulletin and Pesticide Fact Sheet are available on our web site.*

Exception – The Standard Written Notification is not required if there are no school sponsored activities scheduled for five or more consecutive days after the pesticide application.

Check here if this situation applies to this request _____

If the above does not apply, please indicate with a check mark the method to be used for notification:

1. Email _____
2. Website _____
3. Hard copy _____

Note: The Project will be responsible for the posting and removal of pesticide warning signs on the property.

Title of Person making the request: _____

Signature of Person making the request: _____

Please Fax this completed request form to PCMCP at 781-582-1276