



Plymouth County Mosquito Control Project

School/Day Care Request for Mosquito Spraying



Date _____

Name of School/Day Care _____

Name of Town/City _____ Address _____

How would you like to receive your Standard Written Notification?

By E-Mail or Fax: _____

Requested Date of Spraying: _____

Describe the area(s) to be sprayed:

Children's and Families Protection Act Check List

- Has the school submitted an inside and outside IPM plan to the DAR?
- Does the IPM plan list the following pesticides? **Zenivex E4 RTU**, with Etofenprox as the active ingredient, EPA reg. number 2724-807 and **Duet**, with Prallethrin, Sumethrin and Piperonyl as the active ingredients, EPA reg.# 1021-1795-8329.
- 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 which method will be used for notification:

- Email
- Website
- Hard copy

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

Name: _____

Title: _____

Please send this completed request form to PCMCP via Fax (781-582-1276) or Email (schoolrequest@plymouthmosquito.org)