
(Name of Facility)

ADVANCE PEST MANAGEMENT NOTIFICATION FORM

Dear Sir/Madame:

This information is being sent to you based on your request to receive advance notification (and or is required by state law) of scheduled pesticide application other than bait application.

Scheduled date/time of application: _____

Location of scheduled application: _____

Target Pest(s): _____

Pesticide(s) Common Name: _____

Active Ingredient in pesticide(s): _____

Questions regarding the health effects of the pesticides to be used are referred to your health professional.

Labels and SDS or Safety Data Sheets, are on file with the I.P.M. Coordinator. For service or application questions or copies of the labels or SDS you may call the I.P.M. Coordinator of this facility.

All pesticides applied in this facility are applied according to Local, State and Federal laws and Product Label Laws.

(Name and Phone number of the local I.P.M. Coordinator of your facility)

(Name and State ID number of your local I.P.M. Technician from Four Seasons Pest Solutions)

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