



**TOWN OF CONCRETE
PESTICIDE INDIVIDUAL NOTIFICATION APPLICATION**

Based on the information provided on the completed form below, I request that my name be placed on the Town of Concrete Pesticide Application Notification List. I understand that this is an annual registration, and the list will expire each year on December 31. It is my responsibility to renew this registration, and to notify the town of any changes in the information below.

Please type or print clearly.

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Initial:</u>
<u>Physical Address:</u>	<u>Mailing Address:</u>	<u>Day Time Phone Number:</u> <u>Evening Phone Number:</u>
<u>City/Town:</u>	<u>State:</u>	<u>ZIP:</u>
<u>County Residence:</u>	Email Address:	<input type="radio"/> New Application <input type="radio"/> Renewal Application

Preferred Contact Method: (please circle one)

Mailing

Email

Phone Call

**If the preferred method circled is incorrectly stated above, is no longer in use, or method of delivery fails at no fault of the town, the town cannot guarantee timely delivery of the notice(s).*

By signing below, I acknowledge the Town of Concrete will send out notifications only for pesticide applications conducted by town employees or a town representative(s), in public areas within Town of Concrete town limits. I further acknowledge that it is my responsibility to notify the town in writing of any changes in my address, telephone number, or email, or if I wish to no longer receive such notifications.

Printed Name: _____

Signature of Applicant: _____ **Date** _____