OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS		CITY	
Single Family Dwelling	Multi Family Dwelling	Other	
Owner/Agent			
Tel. No. ()	Emergeno	cy No. ()	
Occupant			
Tel. No. ()	Emergenc	y No. ()	
Prime Contractor		Emergency No. ()	
Fumigation Contractor			
Target Deet(e). Drawood	Tormitos Dootle	oc Othor(c)	
Fumigants proposed to be	used: Methyl Bromide	Sulfuryl Fluoride _	
Other(s)	,		(Product Name)
	of a fumigant from the structu	re to be fumigated to any other	r any other construction elements adjacent or adjoining structure?
CHLOROP	PICRIN WILL BE USED AS W	/ARNING AGENT WITH EITH	ER FUMIGANT
Dates of fumigation: Date changes/Alternative date:			
		Initials	
THE BUT BING WITH BE 5		READ CAREFULLY	NOTED ADOLE ALL DEDGOLG
AND ANIMALS MUST VACA	TE THE PREMISES ON OR E	BEFORE ARRIVAL OF THE FU	
	CES CAN ANYONE ENTER G THE TIME AND DATE FOR		E FUMIGATION COMPANY'S
pest control companies are re registered and approved for Protection Agency. Registrat appreciable risks if proper use	egistered and regulated by the use by the California Departm tion is granted when the State	e Structural Pest Control Board nent of Pesticide Regulation and e finds that based on existing that the risks are outweighed by	E TOXIC CHEMICALS. Structural, and apply pesticides which are d the United States Environmental scientific evidence there are no the benefits. The degree of risk
garbled speech or difficulty in physician or Poison Control Ce chloropicrin, can cause sympto be fatal. For further information, conta	breathing, leave the structure enter () and oms of tearing, respiratory distort any of the following: nent (); for A r Regulatory Information - the	eadache, nausea, reduced awar immediately and seek medical notify your pest control compar tress and vomiting. Entry into the (Application Information - the Control Board,	attention by contacting your ny. The warning agent,
FOR HEALTH QUESTIONS:	to, Camornia, 93013.		
TOR HEALTH QUESTIONS.			T
COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
PHONE #	PHONE #	PHONE #	PHONE #
(This section may be n	nodified to include the infor	mation of geographical area	served by the licensee.)
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•	• • • • • • • • • • • • • • • • • • • •		cludes the instructions for the and the following documents.
We suggest that we	u notify nearby noighbors o	f the date of funication and	to keep pets away during the
,	, , ,	a to prevent pets from ente	, , ,
[] Owner/Agent (signature)			Date
[] Occupants(s) (signa	ature)		