

Dear Parent or Guardian,

At your request, we are writing to notify you about a specific pesticide application(s) at your school. Please see below for detailed information. If you would like to see the Material safety Data Sheet for this chemical, it is available at (Brawley Union High School District). If you have any questions, please contact (Tony Leon) at (312-6082).

Sincerely,

Tony Leon

Notice of Pesticide Application

Date Form Completed: _____

School Name: _____Brawley Union High School District_____

Location of Planned Pesticide Application: _____Brawley Union High School_____

Building Name/Number: _____School Grounds_____

Playground or Grounds Section: _____Grounds Section_____

Name of Pesticide to be applied: _____Tempo 20 WP, 565 PWS XLO, Maxforce Ant_____ Granular, Cynoff E C and Round-up_____

Active Ingredient(s): _____Cyfluthrin, Pyrethrin, Hydramethylnon, _____Cypermethrin, and Glyphosate, Isopropyl amine Salt 50.2%_____

Planned Date/Time of Pesticide Application: _____WINTER VACATION (12/22-01/02/11) and SPRING VACATION (4/22-4/29/11), During the Day.

For more information regarding these pesticides use reduction, visit the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov> and click School IPM Program

