## **OCCUPANT FUMIGATION NOTICE & PESTICIDE DISCLOSURE**

Address of Structure to be Fumi	gated:			
City:	State:	State: Zip:		
Single-Unit Structure Owner/A		gent:		
Multi-Unit Structure	Contact Number(s):			
Other:	Occupanto	Occupant(s):		
	Contact N	lumber(s):		
Prime Contractor:	PR #:	Emergency Number:		
Fumigation Contractor:	PR #:	Emergency Number:		
Target Pest:		Fumigant Brand Nam	e:	
		Active Ingredient: <u>Sul</u>	furyl Fluoride	
ANY OTHER ADJACENT OR ADJ	AT WOULD ALLOW FOR THE PASSAGE OINING STRUCTURES THAT ARE NOT 1	TO BE FUMIGATED, PLEASE DES		
	CHLOROPICRIN WILL BE USED			
Start Date of Fumigation: Change of Start Date:				
End Date of Fumigation: Change of End Date:				
VACATE THE STRUCTURE ON OR UNDER NO CIRCUMSTANCES OF THE TIME AND DATE FOR SAFE. State law requires that you be of Companies are registered and results use by the California Department when the State finds that, based the risks are outweighed by the life within 24 hours following applications of Control Center (	given the following information: CAUTI egulated by the Structural Pest Control at of Pesticide Regulation and the United on existing scientific evidence, there are benefits. The degree of risk depends usualication you experience symptoms of distriction you experience you have a support of distriction you experience you have a support of distriction you experience you	DN CREW.  UNTIL THE FUMIGATION COM  ION – PESTICIDES ARE TOXIC ( Board and apply pesticides whed States Environmental Protect re no appreciable risks if proper upon the degree of exposure, so izziness, headache, nausea, redu ately and seek medical attention of company. The warning agen ing fumigation can be fatal. ); for Health Question ural Commissioner (	PANY'S NOTICE IS POSTED GIVING CHEMICALS. Structural Pest Control ich are registered and approved for ion Agency. Registration is granted use conditions are followed or that be exposure should be minimized." used awareness, slowed movement, on by contacting your physician or t chloropicrin can cause symptoms as the County Health Department	
County Health Department	County Agricultural Commissioner	Poison Control Center	Structural Pest Control Board	
Phone Number	Phone Number	Phone Number	Phone Number	
(This section	 on may be modified to include the info	l ormation of geographical area s	erved by the licensee)	
FUMIGATION. CLOSE OFF ANY A I hereby acknowledge receipt of necessary preparations for the	R NEIGHBORS OF THE START AND EN ACCESS TO THE SUBAREA TO PREVENT a copy of this document and the inforr fumigation, procedures for leaving th	T PETS FROM ENTERING. mation contained herein, a list t e structure, the fact sheet for	hat includes the instructions for the	
Owner/Agent signature:				
Occupant signature:		Date:		