

# ***Pesticide Application***

# **NOTICE**

***Insecticide / Herbicide***

*(Circle the type of application that was used)*

**Product Name:**

**Date of application:**

**Time:**

**Location where this application will be/was applied:**

**Reason for control:**

**If you have any questions or concerns, please contact  
Pete Kirchner at 509-927-3206.**

**East Valley School District #361**

**Pete Kirchner, Maintenance Supervisor**

**3830 N Sullivan Road, Bldg #2**

**Spokane Valley, WA 99216**

