



**AGRICULTURAL COMMISSIONER – COUNTY OF IMPERIAL  
(OPTIONAL) REQUEST FOR PESTICIDE NOTIFICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

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***I hereby request to be notified before pesticide applications as provided for in section 29101 of the California Food and Agricultural Code and section 6654 of Title 3 of the California Code of Regulations.***

I am available for notification during the two hour time period of \_\_\_\_\_ to \_\_\_\_\_ Monday through Friday between 8:00 a.m. and 5:00 p.m. by phone call to the following phone number(s):

(     )            - \_\_\_\_\_  
(     )            - \_\_\_\_\_  
(     )            - \_\_\_\_\_

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner in writing within the 72-hour period before relocating, I may not be entitled to recover damages for any injury from pest control operators. I also will not recover damages if I fail to properly post an identification sign at my apiaries or I am not available for notification at the hours I have designated above. I understand that this "Request for Pesticide Notification" will expire on December 31.

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Beekeeper