

2008 PESTICIDE CLEAN SWEEP PLANNING FORM

I have the following pesticides (weed killers, insecticides, rodenticides, fungicides, miticides, etc.) to bring to the Indiana Pesticide Clean Sweep. I understand that there will be no charge for disposal of up to 250 pounds of pesticides per participant. I also understand that if there is not adequate demand for these disposal services, I will be contacted by the Office of Indiana State Chemist to be notified of the program cancellation.

Contact Name:

Contact Phone #:

Please indicate at which location you will be participating:

Greenfield Aug 5th

Brownstown Aug 7th

Rensselaer Aug 12th

Rochester Aug 14th

List of pesticide products to be disposed:

1. Trade Name: _____ Active Ingredient: _____
(Check One)
Solid Gallons Liquid Pounds Aerosal
2. Trade Name: _____ Active Ingredient: _____
(Check One)
Solid Gallons Liquid Pounds Aerosal
3. Trade Name: _____ Active Ingredient: _____
(Check One)
Solid Gallons Liquid Pounds Aerosal
4. Trade Name: _____ Active Ingredient: _____
(Check One)
Solid Gallons Liquid Pounds Aerosal

RETURN BY AUGUST 1, 2008 TO KEVIN NEAL. OPTIONS: Print & Fax to 765-494-4331 or click the button below to e-mail this completed form directly to Kevin. If you have questions, you may reach Kevin at 765-494-1585.

E-MAIL THIS FORM TO KEVIN NEAL