OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

| JOB ADDRESS: 6889 Rochelle Avenue | | | e | CITY: Newark, CA 94560 | | | |
|--|---|---|--|---|--|---|--|
| [x] | Single Family Dwellir | ng | [] Mu | lti Family Dwelling | [] Other _ | | |
| Owner/Age | ent: | | | | | | |
| Tel. No. | | | Emerg | ency No. | | | |
| Occupant: | | | | | | | |
| Tel. No. | | | Emerg | ency No. | | | |
| Prime Cont | ractor: Proven Terr | nite Solutions | | Emergency No. | 800-273-7667 | | |
| Fumigation Contractor First Class Fumigation | | | | Emergency No. | 408-770-4950 | | |
| Target Pest | · | ood Termites | | [] Powderpost Beetles | | Other (s) | |
| _ | posed to be used: | [] Methyl | | | | | |
| | | , | | Sulfuryl Fluoride | | [] Otherents that would be allow the | |
| passage of fun | | | | cent or adjoining structure? | construction cicin | ents that would be allow the | |
| | | CHLOROPICRIN WIL | L BE USED AS W | ARNING AGENT WITH EITHER | | | |
| Dates of fur | nigation: | | | Date Changes/Alternativ Initials | e date: | | |
| Dates of far | | | IMPORTANT – | READ CAREFULLY | = | | |
| | G WILL BE FUMIGATED OR BEFORE ARRIVAL O | WITH LETHAL GASES | ON THE DATE(S | INDICATED ABOVE. ALL PE | RSONS AND ANIM | ALS MUST VACATE THE | |
| UNDER NO CIF FOR SAFE RE-E | | YONE ENTER THE B | UILDING UNTIL TI | HE FUMIGATION COMPANY'S | S NOTICE IS POSTE | D GIVING THE TIME AND DATE | |
| Department o on existing sci | f Pesticide Regulation a | and the United State are no appreciable r | es Environmental isks if proper use | conditions are followed or t | tion is granted wh | or use by the California en the State finds that based utweighed by the benefits. The | |
| breathing, lear notify your pe space during f For further inf below); for Ap | ve the structure immed st control company. Th umigation can be fatal. ormation, contact any oplication Information - , 800-737-8188, 2005 Ev | liately and seek med ne warning agent ch of the following: Yo - the County Agricul | dical attention by loropicrin can cau ur pest control co tural Commission | ea, reduced awareness, slow contacting your physician or use symptoms of tearing, resonancy; for Health Question ler (number below) and for Form, CA 95815. | r Poison Control Ce piratory distress a s - the County Hea | enter (number below) and nd vomiting. Entry into the lth Department (number | |
| | TH DEPARTMENT | COUNTY AGRIC | CULTURAL | POISON CONTROL CENTE | R STRUCT | URAL PEST CONTROL BOARD | |
| | DEI AKTIVIERT | COMMISSIONE | R | | | | |
| PHONE: # Alameda: | 510-267-8000 | PHONE # Alameda: | 510-670-5232 | PHONE# 800-876-4766 | PHONE 800-737 | | |
| Contra Costa: | 925-957-5400 | Contra Costa: | | 000-070 -4 700 | 800-757 | . 0100 | |
| Monterey: | 831-755-4500 | Monterey: | 831-759-7325 | | | | |
| Santa Clara: | 408-918-3400 | Santa Clara: | 408-918-4600 | | | | |
| Santa Cruz: | 831-454-2022 | Santa Cruz: | 831-763-8080 | | | | |
| San Mateo: | 650-372-6200 | San Mateo: | 650-363-4700 | | | | |
| San Benito: | 831-636-4035 | San Benito: | 831-637-5344 | | | | |
| | 415-252-3800 | San Francisco: | | | | | |
| San Joaquin: | 209-953-6000 | San Joaquin: | 209-953-6022 | | | | |
| Solano: | 707-784-8600 | Solano: | 707-784-1310 | | a aamuad kuudka 11 | \ | |
| | owledge receipt of a co | py this receipt of a c | opy of this docur | rmation of geographical area nent as well as a list that inc the following documents. (| ludes the instruction | ons for the necessary | |
| We suggest th | at you notify nearby ne event pets from enterin | | of fumigation an | d to keep pets away during t | the fumigation. Cl | ose off any open access to the | |
| Owners/Agen | t (signature): | | | D | ate: | | |

Occupants(s) (signature)

Date: _____