Please help us by submitting requests as far in advance as possible and by using this form. This form may be faxed to the attention of:  
Dave Francis at 269-944-3106. Requests will be handled on a “first come” basis. Please call (269) 944-1477 X 220 if you have any questions. Thank you.

NAME ____________________________ PHONE (____)______-_______ DATE ________________ SWMREC PROJECT # __________

PROJECT ____________________________________________ TIME task is to be performed (circle or fill in one of the following)
1) ASAP  2) By Date ___________________________  3) At your convenience __________________________
4) Phenological stage of growth (describe) _____________________________________________________________________________

DETAILED INSTRUCTIONS (Describe material rates, irrigation rates, fertilizer rates, methods of application, harvest details, etc.) BE SPECIFIC!
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

For pesticide applications by SWMREC Staff please fill in the first three boxes!             This area to be completed by the applicator!

<table>
<thead>
<tr>
<th>Project # or Location</th>
<th>Product Name</th>
<th>Rate\Treated Acre</th>
<th>REI</th>
<th>Size of Area</th>
<th>Amount Used</th>
<th>Date Task Completed</th>
<th>Reentry</th>
</tr>
</thead>
</table>

For the location of the treated area and EPA Registration numbers please see the Central Notification Board.

Individual Performing Task ____________________________ Applicator I.D. # ______________________

Date & Time Completed ____________________________