SOUTHWEST MICHIGAN RESEARCH AND EXTENSION CENTER TASK REQUEST FORM

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!

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For pesticide applications by SWMREC Staff please fill in the first three boxes!			This area to be completed by the applicator!				
Project # or Location	**Product Name**	**Rate\ Treated Acre**	REI	Size of Area	Amount Used	Date Task Completed	Reentry

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 _____