CLEANSWEEP PESTICIDE COLLECTION FORM 2015-2016

Have you ever participated in Cleansweep before? ☐ YES ☐ NO

DATE _____

Business Name: _____

Address of Pesticides: _____

City/State/Zip Code: _____

Florida County: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Fax Number: _____

Type of Firm:

☐ Farm/Grove ☐ Nursery ☐ Golf Course ☐ School ☐ Other

☐ Pest Control Company ☐ Government Entity

Inventory (list product names for each category):

LIQUIDS (in gallons)	DRY MATERIAL (in pounds)
TOTAL Liquids:	**TOTAL Dry Material:**