

Number of Colonies	Describe location (see directions on preceding page)

DATE OF REMOVAL FROM STANISLAUS COUNTY: _____

If the date of removal must be extended, please contact the Stanislaus County Agricultural Commissioner. Otherwise it will be assumed that hives have been removed as of the above date and notification (if requested) will cease.

PESTICIDE NOTIFICATION REQUEST

Please check one of the following:

I decline advance notice of pesticide applications toxic to bees to a blossoming plant within one mile of the apiaries listed.

I request that I be notified, in advance, of the intent to apply any pesticides toxic to bees to a blossoming plant within one mile of the apiaries listed. This request is being made pursuant to California Code regulations, Section 6652 (a). The notification shall comply with California Code of Regulations, Section 6654 (a) & (b).

If notification is requested, complete contact information below. Please notify the Stanislaus County Agricultural Commissioner if hives are relocated within the county.

CONTACT NAME

() _____
PHONE

() _____
ALTERNATE PHONE

AVAILABLE ____AM/PM to ____AM/PM

SIGNATURE

DATE