

CLEANSWEEP PESTICIDE COLLECTION FORM 2019-2020

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:

- | | | | |
|----------------------|--------------|------------|--------|
| Nursery/Greenhouse | Golf Course | Farm/Grove | School |
| Pest Control Company | Municipality | Park | Other |

Inventory (list product names for each category):

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