



Pesticide Investigation Request Form

The Tennessee Department of Agriculture requires that all Pesticide Investigation Requests be submitted in written form by completing and submitting this form you are authorizing the Department to conduct a pesticide investigation to determine if a violation of the Federal Insecticide, Fungicide, and Rodenticide Act, Tennessee Insecticide, Fungicide, and Rodenticide Act and/or the Tennessee Application of Pesticides has occurred. The investigation may require an inspection of your property, examination and copying of pertinent documents or the collection of written statements and samples.

PLEASE PRINT OR TYPE

your name (area) home phone (area) work phone
your address city/state/zip

Complete only if the investigation request involves pesticide use, storage, and/or sale of a pesticide application:

company applying the pesticide (write OTHER if private individual) name of applicator or company representative
company address city/state/zip
(area) company phone address of property in question, if other than your address date of sale application date
_____ was a contract issued? _____ are you now under contract? _____
pesticide(s) involved (blank if unknown) pest(s) to be controlled

Complete only if the investigation request involves wholesale/retail sale, manufacture, shipment, or warehousing of a pesticide:

establishment name manager's name or contact person (area) est. phone
establishment address city/state/zip
pesticide(s) in question - please list EPA registration number if known

CONTINUE ON BACK OF FORM

Use the space provided to describe the reason(s) for the Pesticide Investigation Request. You may attach additional sheets if necessary. Please include copies of pertinent documents such as contracts, service tickets, cancelled checks (front and back), letters, diagrams or photographs.

The information given above is true to the best of my knowledge and belief. I authorize the Tennessee Department of Agriculture to use this information in conducting this investigation.

Signed _____ Date _____

For office use only

Date received: _____ Date assigned: _____ Complaint No. : _____