



**PESTICIDE PERMIT APPLICATION FORM**

**PROPERTY INFORMATION:**

Civic Address: \_\_\_\_\_

**OWNER INFORMATION:**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**COMMERCIAL APPLICATOR INFORMATION:**

Legal Name of Company:

Name of Commercial Applicator:

Company's Integrated Pest Management #:

Mailing Address:

Daytime Telephone: Evening Phone Number:

**DESCRIPTION OF INFESTATION:**

1. Description (Name) of insect being treated: \_\_\_\_\_

2. Does the insect meet infestation criteria (*As per Section 2 Part 1 of The City of Summerside's Cosmetic Pesticide Integrated Pest Management Bylaw*)?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**PRODUCT/APPLICATION DATE:**

Product Name: \_\_\_\_\_

Product Manufacturer: \_\_\_\_\_



Date of Application: \_\_\_\_\_

**I hereby make application to apply pesticide to the above noted property and swear that the information provided herein is true and accurate to the best of my knowledge.**

Property Owner's Name: \_\_\_\_\_

Property's Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act.*

Further information may be obtained by emailing [trent.williams@city.summerside.pe.ca](mailto:trent.williams@city.summerside.pe.ca) or calling 902.432.4963.

**Submissions must be sent to [IPM@city.summerside.pe.ca](mailto:IPM@city.summerside.pe.ca).**

**FOR OFFICE USE ONLY**

Received By:

Application Number:

Date: