

CMAD NO-SPRAY REQUEST FORM

Annual renewal is requested!

Name: _____
Please print

Address: _____

Phone: _____ Cell phone: _____

e-mail: _____

Reason for no-spray request: _____ beekeeper
_____ organic farmer
_____ health (please attach physician certification)

Signature: _____

Date: _____

Mail to: CMAD
PO Box 466
Hyde Park, UT 84318

Email: cmad.cache@gmail.com

Please call CMAD at 435-764-6839 if you have questions about no-spray requests