



INFESTATION APPLICATION FORM

TOWN OF CALEDON

Application No.

PURSUANT TO TOWN OF CALEDON
HEALTHY HORTICULTURAL LANDSCAPES BY-LAW 2003-81
EFFECTIVE MAY 1, 2004 - NO FEE IS REQUIRED WITH THIS APPLICATION FORM

PROPERTY DESCRIPTION

Former Township _____ Lot _____ Concession _____ EHS/WHs _____
Plan # _____ Municipal Address _____
Current Owner _____

IPM AGENT / QUALIFIED PERSON INFORMATION

Is the applicant an IPM Agent that is listed on the Town of Caledon's IPM Public Information Record?

Yes ___ No ___ Unsure ___ If "no" or "unsure" please complete section below.

Name	
Business Name	
Address	
City	
Postal Code	
Telephone 1	
Telephone 2	
Facsimile	
Email	

QUALIFICATIONS

PEST & DESCRIPTION OF DAMAGE

PROPOSED TREATMENT

OFFICE USE ONLY

Date Submitted:

Time Submitted:

Comments: