

SOUTHWEST MICHIGAN RESEARCH AND EXTENSION CENTER TASK REQUEST FORM

Please help us by submitting requests using this form as far in advance as possible.
This form may be emailed to the attention of Mike de Schaaf at deschaa6@msu.edu.

Requests will be handled on a "first come" basis.

Please call Mike de Schaaf at (269) 326-0430 if you have any questions. Thank you!

NAME _____ PHONE (____) _____ - _____ DATE _____ SWMREC PROJECT # _____

PROJECT _____ TIME task is to be performed (circle or fill in one of the following):

1) ASAP _____ 2) By Date _____ 3) At your convenience _____

4) Phenological stage of growth (describe): _____

DETAILED INSTRUCTIONS (Describe material rates, irrigation rates, fertilizer rates, methods of application, harvest details, etc.) BE SPECIFIC!

For pesticide applications by SWMREC Staff please fill in the first three boxes!			These five boxes are to be completed by the applicator!				
Project # or Location	Product Name	Rate / Treated Acre	REI	Size of Area	Amount Used	Date Task Completed	Reentry

For the location of the treated area and EPA registration numbers, please see the Central Notification Board.

Individual Performing Task: _____ Applicator I.D. #: _____

Date & Time Completed: _____