CLEANSWEEP PESTICIDE COLLECTION FORM 2024-2025

Have you ever participated in Cleansweep before? ☐ YES ☐ NO

DATE _____

Business Name: _____

Address of Pesticides: _____

City/State/Zip Code: _____

Florida County: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Type of Firm:

☐ Nursery/Greenhouse ☐ Golf Course ☐ Farm/Grove ☐ School

☐ Pest Control Company ☐ Municipality ☐ Park ☐ Other

Inventory (list product names for each category):

LIQUIDS (in gallons)	DRY MATERIAL (in pounds)
TOTAL Liquids:	**TOTAL Dry Material:**

Remit form to:
Theresa.Chandler@FDACS.gov
For questions, call: 877-851-5285