

**GREENHOUSE ENVIRONMENTAL CONTROL REQUEST
AND CULTURAL INFORMATION**

Date _____

User Name: _____ **GH #** _____

Contact Person: _____ **Phone #** _____

Type of Plant Material: _____

How Long Will it be Grown: _____

Amount of Space Needed 1/8 1/4 1/2 3/4 **Full House**

Growth conditions:

Desired Temperature: day _____ night _____

Photo Period: _____ **HIDs ON** _____ **am Off** _____ **pm**

Greenhouse Staff Watering and Fertilizing _____

Transgenic Material: Yes _____ No _____

Virus or Bacteria inoculations: Yes _____ No _____

Special Care: Please be Specific _____

What is the purpose of the plant material? Please be specific (for example: do you need foliage, roots, flowers and fruit? Will material be used for rearing insects?)

May pesticides be used on your plants? Yes _____ No _____

Exit date: _____