



Request for Mosquito Control Service

Your Contact Information

Please select the method in which you would like us to respond to your request:

Email Telephone U.S. Mail No Response Needed

Your Name _____

Your Address _____ City _____

State _____ Zip Code _____

Your Phone including area code _____

Your email _____

Does the inspector have permission to enter your property to provide services? yes no

Are there dogs or any other types of animals on the property? If yes, what types of animals _____

The property WILL NOT be treated if any dog, equine or other large animal(s) are loose.

What time of day are the mosquitoes biting most? Morning Evening All Day

Your signature _____ Date _____

To be completed by Health Department Staff

Location of area to be treated _____
