

PROPERTY EXCLUSION FROM PESTICIDES

DATE:

Please exclude the following property from mosquito control activities this year:_____

RESIDENT NAME:

ADDRESS:

CITY:

PHONE NUMBER:

PROPERTY OWNER (If different):

ADDRESS OF OWNER:

CITY:

TYPES OF MOSQUITO CONTROL APPLICATIONS TO BE EXCLUDED:

_____ **ADULTICIDING**

_____ **LARVICIDING**

This form must be submitted by **Certified letter and dated between January 1, and March 1, of the year of the exclusion that is being requested and sent to the City Clerk in the City in which the property exists.**

The exclusion will run from April 1, of that year to March 31st of the following year.