**Bay County Mosquito Control**

810 Livingston Street

Bay City, MI 48708

(989) 894-4555 Phone (989) 894-0526 Fax

# 2024

# NO SPRAY REQUEST FORM

\*Valid for Current Year Only\*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Address

City/State/Zip

Township\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Number

Crossroads

E-Mail Address (optional)

Address of **No Spray** if different from above:

\*If **No Spray** property has no street address, please provide parcel numbers **OR** a plat map showing parcel location and boundaries.

**Do you wish to *opt out* of the following mosquito control services on your property?**

1. **Adult Mosquito Control** – Roadway treatment of adult mosquitoes after dusk using

truck-mounted ultra-low volume foggers………………………………………………………………….**Yes, opt out**

1. **Larval Control** – Treatment of mosquito larvae in standing water. Products used include:

*Bacillus thuringiensis israelensis* (*Bti*), *Bacillus sphaericus* (*Bs*), Spinosad, Methoprene,

and larviciding oil………………………………………………………………………………………………...**Yes, opt out**

1. **Larval Control by Air** – Each spring, flooded woodlots are treated by airplane with

*Bacillus thuringiensis israelensis (Bti)* to control larvae. If you have a wooded property,

do you wish to opt out of aerial treatment?.......................................................................**Yes, opt out**

This form must be completed and returned (mailed, emailed, or faxed) to our office by ***April 1st*** in order to honor your request for **No Spray** status, according to Bay County Resolution #93074 (see attached). Your cooperation is appreciated. *If not returned by April 1st, your name and address will be removed from our list*.

If opting out of Adult Mosquito Control, do you need yellow **No Spray** signs?.....................**Yes**   **No**

Comments:

**\*\*\*\*REMINDER\*\*\*\***

**Signs must be properly maintained and visible to drivers throughout the entire season.**

SIGNATURE & DATE

**For office use only**

Entered in Database  Mapped Twp /Section # \_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_