

Mosquito Control Notification / Shutoff / Off-Road Request Form

Name _____

Address _____

City _____ Zip _____

Nearest Cross Street to Residence _____

Telephone (Home) _____ (Alt) _____

TOWNSHIP _____ COUNTY _____

REQUEST TYPE – ADD TO CALL / SHUTOFF LIST (Please check)

I want to be “CALLED” prior to adult mosquito spraying in my area.

I want the mosquito control truck to “SHUTOFF” the insecticide spray when passing my residence.

REQUEST – DELETE FROM CALL / SHUTOFF LIST (Please check)

Please DELETE my name from the notification list. I do not want to be called prior to mosquito spraying near my residence.

Please DELETE my address from the shutoff list. I want to have my property sprayed as part of the mosquito control program.

OFFROAD- My residence is more than 150 ft from the road. I want to request an off-road survey of my property for mosquito control.

Questions / Comments _____

Signature _____ Date _____

Mail Form to: APM Mosquito Control, 4136 Holiday Drive, Flint MI 48507

(810) 766-9423

Toll Free (877) 276-4714