



Bay County Mosquito Control

810 Livingston Avenue
Bay City, MI 48708
(989) 894-4555 Phone (989) 894-0526 Fax



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: _____

Do you need yellow **No Spray** signs? Yes No

Comments: _____

Larviciding - Treatment of mosquito larvae and pupae in standing water. Products used: *Bacillus thuringiensis israelensis* (Bti), *Bacillus sphaericus* (Bs), Spinosad, Methoprene and Larviciding Oil

May we larvicide on your property during the day? Yes No

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

SIGNATURE & DATE

For office use only

Entered in Database Mapped

Twp _____ Section # _____ Date Received _____