



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
2. **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
3. **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 _____