

**CALVERT COUNTY
MOSQUITO CONTROL PROGRAM
REQUEST FOR SERVICE IN 2012**

COMMUNITY: _____

REPRESENTATIVE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

[Invoices are mailed to above representative unless otherwise noted.
See back of form for billing name and address if needed.]

Telephone Numbers

Best Time to Call

Home: _____

Work: _____

ALTERNATIVE REPRESENTATIVE: _____

Home: _____

Work: _____

NUMBER OF HOMES SERVED [required for Testing Fee]: _____

COMMUNITY PARTICIPATION in Testing [Monitoring] Program: Yes _____ No _____

If Yes, name, address, and telephone numbers of contact person:

Name: _____

Address: _____

Telephone Numbers: _____

SIGNED: _____

Representative

Date

Return to Mailing Address:

Calvert County Mosquito Control Program
Courthouse, 175 Main Street
Prince Frederick, MD 20678

Field Office Location:

Hallowing Point Park
Prince Frederick, MD

Field Office Telephone: 410-535-6924
Maryland Relay for Impaired Hearing or Speech
1-800-735-2258 Statewide Toll Free
E-Mail: mosquitocontrol@co.cal.md.us

OVER

BILLING INFORMATION IF DIFFERENT FROM REPRESENTATIVE NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

PHONE: _____

LENGTH OF SEASON: Program normally operates during the months of May to October dependent upon 1] mosquito populations and 2] favorable weather conditions **Communities wanting a shorter spray season may specify dates to start and end the program.**

Begin: _____ End: _____

A MAP IS REQUIRED TO BE SUBMITTED with this form each year.

The map must indicate the entire area covered by the request and must identify locations of:

1. Homes to be sprayed;
2. **Any domestic beehives;**
3. Homes not to be sprayed [identify all persons by name, house number, driveway, and the reason they are not to be sprayed;
4. Private driveways will be sprayed at the discretion of the driver;
5. Persons who have medical problems affected by spraying. Include telephone number as arrangements can be made for staff to contact these people prior to actual spraying.

PLEASE LIST BELOW THE DO NOT SPRAYS AND THE REASONING, example: health issues, beehives, or non-participation (resident is not opposed to spraying but does not want to take part in the program). This will help us determine the distance around the property we are to avoid.

	Name	Address	Phone Number	Reason
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

We appreciate your efforts in giving us the most complete information possible. This allows us to do our job more effectively and have a successful spray season for both communities and staff. Thank you!