

**BAKER VALLEY VECTOR CONTROL DISTRICT
REQUEST FORM FOR
MOSQUITO CONTROL CALL BEFORE SPRAYING / NO-SPRAY ZONE**

A. APPLICANT INFORMATION

Name: _____

Address: _____

Home Phone #: _____ **Cell Phone:** _____

B. LOCATION OF PROPERTY

If a detailed description is necessary, you may provide a map of sufficient scale and detail indicating the location of property where your call before spraying / no-spray zone is being requested.

Address of property where request is being made (if different than above):

Address: _____

C. REASON(S) FOR CALL BEFORE SPRAYING / NO-SPRAY ZONE REQUEST

D. TYPE/SIZE OF CALL BEFORE SPRAYING / NO-SPRAY ZONE REQUESTED (check all that apply)

_____ Notification by phone if adulticide applications will be occurring in your area.

_____ Ground (truck, atv, hand) applied adulticides, for an approximate 300 ft. no-spray zone around your property.

_____ Aerial (airplane) applied adulticides, for an approximate 500 ft. no-spray zone around your property.

_____ Aerial (airplane) & Ground (truck, atv, argo, hand) applied larvacides on your property.

E. APPLICATION SUBMITTED BY

I understand that by requesting that no mosquito control insecticides be used in this area, **I am now responsible for the vector management** on the above-described portion(s) of this property. I also understand that in the event of a mosquito borne disease outbreak (west nile virus, western equine encephalitis, etc.) I will be notified of mosquito control applications however all no-spray zones will be rescinded.

Signature _____

Date _____

Return or email completed form and attachments to:

Baker Valley Vector Control District

PO Box 585

Baker City, OR 97814

info@bvcd.org