

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

**A. APPLICANT INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_      **Email:** \_\_\_\_\_

**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 if adulticide applications will be occurring in your area.

Notification Method: Call \_\_\_\_ Text \_\_\_\_ Email \_\_\_\_

\_\_\_\_\_ 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, hand) applied larvicides 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 ) I will be notified of mosquito control applications however all no-spray zones will be rescinded.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@bvvc.org](mailto:info@bvvc.org)