



# CITY OF MONTROSE MOSQUITO ABATEMENT

## 2017 PROPERTY INSPECTION & TREATMENT FORM

Complete this form and email to Rose Pest Solutions at [mosquito@rosepest.com](mailto:mosquito@rosepest.com).

If there are any questions, contact Rose Pest Solutions at either: 810-238-3071, or [mosquito@rosepest.com](mailto:mosquito@rosepest.com)

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, I would like to participate in the 2017 City of Montrose Mosquito Abatement Program.

\_\_\_\_ Please contact me to schedule an appointment.

\_\_\_\_ No appointment is necessary, please include me in your schedule.

I give Rose Pest Solutions permission to enter my property if I am not home: \_\_\_\_ Yes \_\_\_\_ No

I give permission to have larvicide/pesticide applied to my property if necessary: \_\_\_\_ Yes \_\_\_\_ No

Do you have an outside pet? \_\_\_\_ Yes \_\_\_\_ No

Do you have standing water on your property? \_\_\_\_ Yes \_\_\_\_ No

*Please check for any containers that can hold water such as flower pots, boats, buckets, tires, inflatable pools and toys. These small reservoirs can produce many mosquitoes. Please empty all standing water and remove or cover any containers if possible.*

**CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR PROPERTY**

YOUR PROPERTY		NEIGHBORING PROPERTY
_____	Woods	_____
_____	Pond / Lake / Swamp	_____
_____	Ditch	_____
_____	Other	_____
_____	Describe "Other"	_____
_____		_____
_____		_____

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

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