



CITY OF MONTROSE MOSQUITO ABATEMENT SHUTOFF / NOTIFICATION REQUEST FORM

Complete the form below and send to Rose Pest Solutions by:

Mail: 2906 Nodular Drive, Saginaw, MI 48601 Email: mosquito@rosepest.com Fax: (989) 754-3785

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please include me on the following - check appropriate box(es):

- SHUTOFF LIST** — Please have the adulticide spray shut off in front of my property.
- NOTIFICATION LIST** — Please notify me when adulticide will be sprayed in my area so I can close doors, windows and bring my pets inside.

SIGNATURE: _____

DATE: _____

This request form is only valid for the current 2018 mosquito season.
The Shutoff Notification Request form must be submitted annually, by the current resident,
to keep your information up-to-date and accurate .

THIS IS THE ONLY FORM ACCEPTED FOR SHUTOFF/NOTIFICATION REGISTRY