



MOSQUITO CONTROL SERVICE REQUEST



Date of Service Request: _____

Contact Name: _____

Contact Address: _____

Contact Phone Number: _____

Contact Email: _____

Best time to Contact: _____

Description of the Location and Specifics of Issue:

----- *Below to be completed by Abatement Personnel* -----

Abatement Completed By: _____ Date and Time: _____

Standing Water was found in

- Road or Drainage Ditch
- Retention Basin
- Woodland Pool
- Temporary Pool (tire ruts)
- Containers holding water
- Tires
- Creek or Watercourse
- Pond or Swamp
- Swimming Pool or Spa
- Other:

Abatement Action Information

- Larvae Found per Dip: _____
- Treatment/amount applied/method/wind/temp: _____

- Add to map for permanent inspections and treatments.
Provide a description of site:

- Educational information provided
- WAS HERE! Door hanger left
- Additional Action or Recommendations:

