



Wicomico County Mosquito Control

Julie M. Giordano , County Executive Bunky Luffman , Director of Administration Matt Leitzel , Asst. Director of Administration Conrad Jones III , Director of Mosquito Control	Wicomico County Mosquito Control 27722 Nanticoke RD, Unit #2 Salisbury, Maryland 21801-1647	Phone: 443-614-3556 Email: cjones@wicomicocounty.org
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WICOMICO COUNTY MOSQUITO CONTROL PARTICIPATION FORM

Please complete the form below in order to be enrolled in the mosquito control program in your neighborhood. Return it to your community contact person and indicate below whether you are granting or denying permission for our technicians to enter your property to conduct insecticide applications. Our specialized equipment and insecticides enable us to significantly reduce the number of mosquitoes in your community and it is therefore **not necessary to enter every private property** in order to control the mosquitoes within the neighborhood. It will, however, be necessary to enter many properties and we require written permission should the need arise. Wicomico County Mosquito Control will not be responsible for damage to property which occurs during the normal course of our mosquito control activities.

PERMISSION TO ENTER PRIVATE PROPERTY FOR THE CONTROL OF ADULT MOSQUITOES

I/We **grant** -- I/We **deny** (**circle one**) permission to **Wicomico** County Mosquito Control to have access to and enter upon my/our owned/leased property for the purpose of conducting adult mosquito control, using truck-mounted or hand-carried insecticide spray equipment. The application of insecticide will be in compliance with the use instructions contained in the insecticide label. A sample of the insecticide label can be downloaded at this link:

https://mda.maryland.gov/.../mc_product_labels_material_safety_data_sheets.aspx

This permission may be canceled immediately when such cancellation is made in writing and delivered to **Wicomico** County Mosquito Control.

Property located in **WICOMICO** County

Property Location	Resident Information
Property Address:	Printed Name:
Mailing Address:	Signature:
City:	Phone Number:
State/Zip:	Date Signed:

COMMUNITY NAME & CODE: POINTERS RUN ---- 656

Return to:

Your Contact Person :

Todd Bellamy
 27767 Pointers Lane
 Salisbury, MD 21801