



2906 Nodular Drive,  
Saginaw, MI 48601

Mail to address shown above or FAX (989) 754-3785 or E-mail [mosquito@rosepestsolutions.com](mailto:mosquito@rosepestsolutions.com)

**2011 REQUEST FORM  
MOSQUITO ABATEMENT  
SHUTOFF and/or NOTIFICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CHECK THE APPROPRIATE BOX(ES):**

**SHUT-OFF LIST** — to have “adulticide spray” shut off in front of your property.

**NOTIFICATION LIST** — to be contacted when there will be adulticide spraying in your area, so you are able to close doors, windows, and bring your pets inside.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

This Request Form is only valid for the current Mosquito Season. This Form must be submitted yearly by the current resident for us to maintain up-to-date and accurate information. This is the only Request Form accepted for Shut-off or our Notification Registry.