



GRAND BLANC TOWNSHIP MOSQUITO ABATEMENT

2016 PROPERTY INSPECTION & TREATMENT FORM

Complete this form and email to Rose Pest Solutions at mosquito@rosepest.com.
If there are any questions, contact Rose Pest Solutions at either: 810-238-3071, or mosquito@rosepest.com

DATE _____

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

Yes, I would like to participate in the 2016 Grand Blanc Township Mosquito Abatement Program.
 ___ Please contact me to schedule an appointment.
 ___ No appointment is necessary, please include me in your Township 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 _____
