



Gem County Mosquito Abatement District
6846 W. Hwy 52
Emmett, ID 83617
(208) 365-5628

Mosquito Control Treatment Exclusion Request Form

A. Applicant Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

B. Location of Property

Provide a map of sufficient scale and detail indicating the location of the property where call before spraying / treatment exclusion zone is being requested. Map must also indicate location of your residence on the property.

Address of property where request is being made (if different than above):

Address: _____

C. Reason(s) for call before spraying / treatment exclusion request

D. Mosquito Control Plan

E. No-spray zone request (check all that apply)

___ Notification by phone if adulticide applications will be occurring in your area.

___ Ground (truck, atv) applied adulticides, for an approximate 150 ft. no-spray zone around your property.

___ Aerial (airplane) & Ground (truck, atv) applied larvicides on your property.

F. Nearby property owner or resident information*

Indicate on Attachment 1 the names, addresses, and telephone numbers of all property owners or residents whose property borders the requested treatment exclusion zone, including those located immediately across the road from the requested zone.

***Note:** This information is not required if you are only requesting to be notified when adulticide applications will be occurring in your area.

G. Application Submitted By

I understand that by requesting that no mosquito control insecticides be used in this area, **I am now responsible for the mosquito management** on the above-described portion(s) of this property. I also understand that in the event of a mosquito borne disease outbreak (West Nile Virus, Western Equine Encephalitis, etc.) I will be notified of mosquito control applications however all no-spray zones may be rescinded.

Signature_____

Date_____

Return completed form and attachments to:

Gem County Mosquito Abatement District
6846 W. Hwy 52
Emmett, ID 83617

Attachment 1

**Nearby Property Owner / Resident Information for
Treatment Exclusion Zone**

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____