

COMMUNITY APPLICATION FOR ADULT MOSQUITO CONTROL
Cecil County - Season 20

The community of _____, located in Cecil County, applies to be included in the cooperative mosquito control program for the 2016 season. **The undersigned community representative agrees to contact all community members, notifying them of the community's participation in the mosquito control program, The Mosquito Control Program Information, The Policy on Objection to Adult Mosquito Control Services, and the night of the week they may be sprayed.** The community will provide a copy of the exemption policy and form to those desiring to be excluded from the ULV spray program. The community agrees to allow access by MDA personnel to conduct mosquito control activities¹. The community agrees to assist mosquito control efforts by promoting good land use planning and community clean-ups to reduce areas of stagnant water that provide habitat for larval mosquitoes.



Community Representative

Name: _____

Address _____

City: _____ Zip Code: _____

Phone: _____

E-mail: _____

Method of notification: _____

Signature (Community Representative)

I have read and understand the Mosquito Control Program Information and the Adult Mosquito Control Objection Policy. I will inform all residents of these policies.

Please Choose One:

- A map of your community on which the boundaries and all roads to be included in the spray program have been clearly marked is attached.
- A community map is on file with the mosquito control office from the **previous** season and the community boundaries have not changed.

¹For information on mosquito control program and the Adult Mosquito Control Objection Policy please visit our website http://mda.maryland.gov/plants-pests/Pages/mosquito_control_policy.aspx.

MUTUAL EXCLUSION CLAUSE: This agreement can be ended by either MDA or the above named community at any time.