



GRAND BLANC TOWNSHIP MOSQUITO ABATEMENT 2011 PROPERTY INSPECTION & TREATMENT FORM

Complete this form and email to Mike Rogers at mosquito@rosepestsolutions.com.
If there are any questions, contact Clerk Cathy Lane at either: 810-424-2602, or lane@twp.grand-blanc.mi.us.

DATE _____
NAME _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
EMAIL _____

Yes, I would like to participate in the 2011 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 larvacide/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.

PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR PROPERTY:

Your Property		Neighboring Property
_____	Woods	_____
_____	Pond / Lake / Swamp	_____
_____	Ditch	_____
_____	Other	_____
_____	Describe "Other"	_____
_____		_____

Special Instructions _____

