COUNTY OF YORK

VIRGINIA

MOSQUITO SPRAYING AVOIDANCE REQUEST

I do not wish to be included in the adulticiding (ground spraying services) for mosquito control with a vehicle mounted ultra light volume (ULV) spray machine on my property as deemed necessary during the calendar year of 20__, for the following reason(s):

_____Beekeeper
_____Conscientious objector
_____Allergic to pesticides
_____Other (please explain)

_____
_____
_____
_____
_____

I understand that a new release form must be obtained from, completed and returned to Environmental and Development Services, Mosquito Control **each calendar year** to prevent mosquito spray treatment will be conducted on my property.

Name _____

Signature _____

Date _____, 20 _____

Please return to: Environmental and Development Services/Mosquito Control
Post Office Box 532
Yorktown, Virginia 23690