



# CITY OF MONTROSE MOSQUITO ABATEMENT

## 2017 SHUTOFF / NOTIFICATION REQUEST FORM

Complete the form below and send to Rose Pest Solutions by:

Mail: 2906 Nodular Drive, Saginaw, MI 48601 Email: [mosquito@rosepest.com](mailto:mosquito@rosepest.com) Fax: (989) 754-3785

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please include me on the following - check appropriate box(es):**

- SHUTOFF LIST** — Please have the adulticide spray shut off in front of my property.
- NOTIFICATION LIST** — Please notify me when adulticide will be sprayed in my area so I can close doors, windows and bring my pets inside.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This request form is only valid for the current 2017 mosquito season.

The Shutoff Notification Request form must be submitted annually, by the current resident, to keep your information up-to-date and accurate .

**THIS IS THE ONLY FORM ACCEPTED FOR SHUTOFF/NOTIFICATION REGISTRY**