**Klamath Vector Control District**

**Do Not Spray Request**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that the Klamath Vector Control District not apply any mosquito control insecticides to the property I own.

I understand that by requesting that no mosquito control insecticides be used in this area, **I am now responsible for the** **vector management** on the above-described portion(s) of this property.

I understand that it is my responsibility to notify Klamath Vector Control District every year in order to remain on the No Spray List.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to:

Klamath Vector Control District

2750 Maywood Drive, Klamath Falls OR 97603

541-882-2715 – Voice

541-882-1017 - Fax

**Please Check one of the following:**

\_\_\_Bees

\_\_\_Allergies

\_\_\_Notify Before Spray (would still like sprayed)

\_\_\_Other: Please state reason if desired