# *Calaveras County*
# *Environmental Management Agency*

## Mosquito Complaint / Service Request Form

* required

*Date_____
*Name_____

*Address_____ City_____ Zip _____

*Daytime phone (_____)_____-_____

Email_____

Complaint Location (if different than above)

Address_____ City_____

APN_____-_____-_____ ( if known)

*Complaint or Service Type (check one)

□ Adult mosquitoes □ Mosquito breeding source(s) □ Ponds – Fish Inquiry

Time of day mosquitoes noted (circle) AM Daytime PM

Treatment options may include the County applying non toxic larvacides to water bodies to kill mosquito larvae.

Please check Y or N

| Y | N | |
|---|---|---|
| □ | □ | Ok to treat with chemical larvacides (required for chemical control) |
| □ | □ | Ok to inspect if I am not at home (we will call with results) |

Comments_____

_____

****Office Use Only****

Inspector Comments Inspection date _____

_____

_____

_____

_____

_____

_____Call back date_____