

March 12, 2018

To Whom It May Concern:

The County Commissioners of Worcester County Maryland have established a uniform seasonal fee of \$65.00 for each individual participant/residence for the adult mosquito truck spraying program, technically referred to as Adulticide (ULV) Service for the upcoming 2018 Mosquito Control spray season. This is a voluntary program. If you wish to continue receiving service, you will need to remit the \$65.00 fee via check made payable to "Worcester County", along with the completed application form attached hereto. Your remittance to the County, at the below address, shall be on or before May 1, 2018.

Remit/Mail To Address:

Worcester County Department of Public Works
Mosquito Control Office
6205 Timmons Road
Snow Hill, MD 21863

Please be advised that the same ULV service criteria, as in past years, will remain the same with monitoring of adult mosquito populations before a spray application is made. Participant/Property Owner yards will not be driven in when areas / yards are too wet as determined by the Mosquito Control Foreman or driver of the spray vehicle.

If you have any questions regarding the Mosquito Control truck spraying program, please contact the Mosquito Control Foreman, Karen Richardson, at 410-632-3767 or you may contact me at 410-632-3766.

Sincerely,

Kenneth J. Whited
Maintenance Superintendant

2018 SEASON
INDIVIDUAL/RESIDENCE
REQUEST FOR MOSQUITO CONTROL SERVICES

I hereby request mosquito control services during 2018 under the Integrated Pest Management Program sponsored by the State of Maryland and the County Commissioners of Worcester County Maryland

I understand and agree to the following:

1. I understand that the Integrated Pest Management Program provides services only on an as needed basis as determined by the Maryland Department of Agriculture through landing rate counts, weather conditions and label usage. **Yards will not be driven in when areas / yards are too wet.**
2. I will have my 911 address visible from the street at either the driveway entry, on the house or on a street level mailbox for driver identification.
3. I understand that this request for spraying and the payment of **\$65.00** **MUST** be received by the County on or before **May 1, 2018**. Please submit all information to the following:

Mail To Address:

Worcester County Department of Public Works
Mosquito Control Office
6205 Timmons Road
Snow Hill, MD 21863

4. I will cooperate by completing the attached map showing (1) any areas to be avoided (septic system, fish ponds, low lying areas, etc.) and (2) the access to property (driveways) and any structures (house, outbuildings, pool, etc.) the driver needs to be aware of.
5. I will request a form from the driver or personnel of the mosquito control program at 410-632-3767, to submit, in writing, any changes in the landscaping terrain, improvements, treatment route or the like to my property. I will use my best efforts to keep designated treatment areas and driveways free and clear of items that might impede or affect the drivers operation.
6. The State of Maryland and County Commissioners of Worcester County Maryland, and their personnel shall not be liable for any property damage or personal injury except by virtue of gross negligence or willful conduct.

2018 MOSQUITO CONTROL SPRAYING SEASON

BUSINESS/100% PAYOR - REQUEST FOR SPRAYING

The Maryland Department of Agriculture, in cooperation with Worcester County, will again offer mosquito control service during 2018. Please complete this form and return it to the above address. Due to the Integrated Pest Management (IPM) program guidelines, spraying will be done on an as needed basis as determined by the Maryland Department of Agriculture mosquito control personnel.

In order for us to better serve you, and due to the possible changing of drivers from year to year, we are requesting a layout of your spray area and what depressions hold water.

LOCATION TO BE SPRAYED

Physical/911 Address

Apt./House #: _____ Street: _____

City/Town: _____ State: MD Zip: _____

BILL TO: PERSON TO CONTACT: (Note-this person is responsible for payment of the bill when received from the County.)

Name: _____

Apt./House #: _____ Street: _____

City/Town: _____ State: MD Zip: _____

Telephone: (_____) _____

SIGNATURE: _____ DATE: ____/____/____

The actual number of sprays done in the area for the season determines costs.

YOU WILL BE RESPONSIBLE FOR 100% OF THE BILL

THE STATE AND COUNTY ARE NOT RESPONSIBLE FOR ANY PROPERTY DAMAGE

These forms **MUST** be returned by May 1, 2018, or delay in spraying may occur.

2018 REQUEST FOR MOSQUITO CONTROL SPRAYING

Comm Name:

PLEASE SUBMIT LAYOUT AND AREA FOR DRIVER AND RETURN WITH PAYMENT

ROAD:

PLEASE SUBMIT BRIEF DESCRIPTION OF SPRAY AREA (i.e. come into driveway, drive around house, exit through driveway.) **Yards will not be driven in when areas / yards are too wet.**

SIGNATURE:	PRINTED NAME:
↑ LOCAL 911 SPRAYING ADDRESS ↑	↑ PERMANENT MAILING ADDRESS ↑
↑ CITY, STATE & ZIPCODE ↑	↑ CITY, STATE & ZIPCODE ↑
↑ LOCAL TELEPHONE NUMBER ↑	↑ TELEPHONE NUMBER ↑
EMAIL ADDRESS:	