

SEVIER COUNTY MOSQUITO ABATEMENT
NO-SPRAY REQUEST FORM
For 20_____ Year
Annual renewal is required!

NOTE: This request is valid for the current spray year only. A request form must be completed each year no-spray is requested. Refer to the 'No Spray Ordinance' for further details. All applications will be reviewed for approval.

Name: _____
Please Print

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Reason for no-spray request: _____ Beekeeper (Utah Department of Agriculture license is required)
_____ Organic Farmer (Utah Department of Agriculture license is required)
_____ Health (physician certification required)

WARNING: If a public health threat is identified during the spray year in your area, pesticide will be applied regardless of the no-spray request. If you have a no-spray request for the current year in which a public health threat is identified, you will be given 24 hours notice before spraying begins.

Signature: _____

Date: _____

Mail to: Sevier County Mosquito Abatement
2780 Mulberry Lane
Richfield, UT 84701

Email to: brantonnison@sevier.utah.gov

Website: www.sevierutah.net

Phone: (435) 896-6636 Fax: (435) 896-5122