



**D. TYPE/SIZE OF NO-SPRAY ZONE REQUESTED** (*check all that apply*)

- Ground (truck) applied adulticides, for a no-spray zone with an approximate 300-ft radius centered on your residence.
- Aerial (airplane or helicopter) applied adulticides, for a no-spray zone with an approximate 500-ft radius centered on your residence.

**E. NEARBY PROPERTY OWNER OR RESIDENT INFORMATION \***

*Indicate* on Attachment 1 the names, addresses, and telephone numbers of all property owners or residents whose property borders the requested no-spray zone, including those located immediately across the road from the requested zone.

*\* NOTE: This information is not required if the no-spray zone (300 x 300 ft. or 500 x 500 ft.) is fully contained within your property boundaries and the no-spray zone outer boundaries are not located within 300 ft. of another property.*

**F. APPLICATION SUBMITTED BY**

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Return completed form and attachment to:***

**New Castle County &  
Northern Kent County Location**

Division of Fish & Wildlife  
Mosquito Control Section  
2430 Old County Road  
Newark, DE 19702

**Northern Kent County &  
Sussex County Location**

Division of Fish & Wildlife  
Mosquito Control Section  
1161 Airport Road  
Milford, DE 19963



**G. OFFICIAL USE ONLY** *(to be completed by Mosquito Control personnel)*

No-spray zone decision *(provide justification below)*

Approved

Denied

**Justification for no-spray zone decision:**

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\_\_\_\_\_  
Program Manager                      Date  
Signature

\_\_\_\_\_  
Program Administrator                      Date  
Signature

# Attachment 1

## Nearby Property Owner/Resident Information for Mosquito Control Adulticide No-Spray Zone Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_