



Delaware Mosquito Control Section
Individual Request Form for
Mosquito Control Adulticide No-Spray Zone

APPLICANT INFORMATION.

Name: _____

Address: _____

City	State	Zip Code
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Home Phone: _____ **Cell Phone:** _____

NO-SPRAY ZONE APPLICABILITY.

The purpose for considering and possibly granting No-spray Zones applies only to concerns for significant human health problems or substantial medical complications possibly associated with exposures to mosquito control adulticides. Such problems or complications are quite rare but can occur for some hyper-chemosensitive individuals, possibly exacerbated if there are also other underlying medical issues. Part of the request application includes provision of medical documentation from a physician attesting to a significant health need for such spray exclusion. Failure to include this documentation will prohibit individuals from possibly receiving a No-spray Zone. It must be noted that granting a No-spray Zone to any individual will probably also have corollary impact of some or even many nearby properties and neighbors being precluded from receiving needed mosquito relief services, due to the wide area nature of spray drift for mosquito control adulticides. No-spray Zones are not considered or granted for reasons such as beekeeping, organic gardens, wildlife species of special concern, etc., whereby other approaches might be used to try to deal with these types of adulticide exposure concerns.

LOCATION OF PROPERTY.

Provide map of sufficient scale and detail indicating the location of property where No-spray Zone is being requested. Map must also indicate location of your residence on the property.

Address of property where No-spray Zone is being requested (if different than above):

City

State

Zip Code

REASON(S) FOR NO-SPRAY ZONE REQUEST:

PHYSICIAN PROVIDING MEDICAL DOCUMENTATION attesting to significant human health or medical reason(s) for requesting a No-spray Zone.

Name of physician: _____

Physician's address: _____

Physician's office phone number: _____

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

- Ground (truck) applied adulticides, for a No-spray Zone with up to an approximate 500-foot radius centered on your residence.
- Aerial (airplane or helicopter) applied adulticides, for a No-spray Zone with up to an approximate 1500-foot radius centered on your residence.

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 (i.e. is immediately adjacent to) the requested No-spray Zone, including for a property bordered by a road those properties located immediately across the road from the requested No-spray Zone.

* **NOTE:** *This information is not required if the size of the No-spray Zone area checked above is fully contained within your property boundaries.*

APPLICATION SUBMITTED BY:

Name (please print)

Signature

Date

Return completed form, physician's medical documentation, and attachment listing adjacent properties to:

**New Castle County &
Northern Kent County Location (including Dover)**

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

**Southern Kent County &
Sussex County Location**

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



A. 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:

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: _____