



# BUTMAN TOWNSHIP MOSQUITO ABATEMENT

## 2021 PROPERTY INSPECTION & TREATMENT FORM

Complete this form and email to Rose Pest Solutions at [mosquito@rosepest.com](mailto:mosquito@rosepest.com). If there are any questions, contact Clerk Alayna Alexander at either: 989-426-4351, ext. 25; or [butmanclerk@gmail.com](mailto:butmanclerk@gmail.com).

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, I would like to participate in the 2021 Butman Township Mosquito Abatement Program.

\_\_\_ Please contact me to schedule an appointment.

\_\_\_ No appointment is necessary, please include me in your Township schedule.

I give Rose Pest Solutions permission to enter my property if I am not home: \_\_\_ Yes \_\_\_ No

I give permission to have larvicide/pesticide applied to my property if necessary: \_\_\_ Yes \_\_\_ No

Do you have an outside pet? \_\_\_ Yes \_\_\_ No

Do you have standing water on your property? \_\_\_ Yes \_\_\_ No

*Please check for any containers that can hold water such as flower pots, boats, buckets, tires, inflatable pools and toys. These small reservoirs can produce many mosquitoes. Please empty all standing water and remove or cover any containers if possible.*

**CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR PROPERTY**

YOUR PROPERTY		NEIGHBORING PROPERTY
_____	Woods	_____
_____	Pond / Lake / Swamp	_____
_____	Ditch	_____
_____	Other	_____
Describe "Other"		

**Special Instructions**

\_\_\_\_\_



**BUTMAN TOWNSHIP  
MOSQUITO ABATEMENT  
2021 SHUTOFF / NOTIFICATION REQUEST FORM**

Complete the form below and send to Rose Pest Solutions by:  
Mail: 2906 Nodular Drive, Saginaw, MI 48601 Email: [mosquito@rosepest.com](mailto:mosquito@rosepest.com) Fax: (989) 754-3785

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please include me on the following - check appropriate box(es):**

- SHUTOFF LIST** – Please have the adulticide spray shut off in front of my property.
- NOTIFICATION LIST** – Please notify me when adulticide will be sprayed in my area so I can close doors, windows and bring my pets inside.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This request form is only valid for the current 2021 mosquito season.

The Shutoff Notification Request form must be submitted annually, by the current resident, to keep your information up-to-date and accurate.

**THIS IS THE ONLY FORM ACCEPTED FOR SHUTOFF/NOTIFICATION REGISTRY**