

NEIGHBORHOOD EXEMPTION FROM SPRAY REQUEST FORM

Opposing the use of Pesticides for Mosquitoes, etc., on our Properties and Residences.

Instructions: To prevent the spraying/fogging of your property/residence and other properties in your neighborhood from being exposed to toxic pesticides/insecticides in the event of a mosquito/pest control program, please sign below and get your neighbors to sign as soon as possible. Make copies of this form if necessary. Please note that you don't have to have all your neighbors in agreement in order to sign this form to not have your property sprayed. Submit the signed original(s) to your own local Mayor/Township Supervisor. Send a copy to your County Environmental Health Director, and a copy to Mr. Ken Rauscher (address below), and keep a copy for your own records. You should follow-up with a phone call to your Mayor's office to confirm that this request form was received and will be honored.

Please be aware that decisions to spray pesticides can be made at any time. Even if the City/Township has no plans to spray, those plans can change. County and State officials could also possibly override previous city/township decisions not to spray. Either way, fill this form out to protect yourselves. Don't wait. Widespread pesticide spraying can have serious adverse health effects on you, and especially children and unborn babies.

Send to:

Mayor/Township Supervisor: _____

County Environmental Health Director: _____

Ken Rauscher, Director (Pesticide and Plant Pest Mgmt Division), Michigan Department of Agriculture, P.O. BOX 30017, Lansing, MI 48909

PLEASE ENSURE THAT THE FOLLOWING PROPERTIES IN OUR NEIGHBORHOOD ARE NOT SPRAYED/FOGGED WITH ANY SYNTHETIC PESTICIDES/INSECTICIDES/BTS OR SYNTHETIC PYRETHROIDS FOR ANY MOSQUITO CONTROL SPRAY PROGRAM OR ANY OTHER PEST CONTROL PROGRAM IN THE CITY/TWP./VILLAGE OF _____, COUNTY OF: _____, MI. THIS FORM ALSO SERVES AS A "SHUT OFF" NO SPRAY REQUEST NOTICE TO ANY PESTICIDE COMPANY HIRED TO SPRAY THE AFOREMENTIONED PESTICIDES.

1.	SIGNATURE	ADDRESS	DATE SIGNED
	PRINT NAME	CITY	ZIP
			Phone #
2.	SIGNATURE	ADDRESS	DATE SIGNED
	PRINT NAME	CITY	ZIP
			Phone #
3.	SIGNATURE	ADDRESS	DATE SIGNED
	PRINT NAME	CITY	ZIP
			Phone #
4.	SIGNATURE	ADDRESS	DATE SIGNED
	PRINT NAME	CITY	ZIP
			Phone #