



# Weber Mosquito Abatement District

## "No Spray Zone" Request Form

NAME \_\_\_\_\_

PHONE NUMBERS Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONTACT ADDRESS

ADDRESS FOR "NO SPRAY ZONE" (if different)

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

REASON FOR REQUEST (Please indicate one)

MEDICAL/HEALTH     ORGANIC FARM     BEEKEEPER     OTHER CONCERNS Please

attach any additional documents (doctor's note, organic crop license, map, etc.) as needed.

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please send completed form to:

Mike Musgrave  
Weber Mosquito Abatement District  
505 West 12<sup>th</sup> Street  
Ogden, Utah 84404  
Email: [mike@webermad.org](mailto:mike@webermad.org)