



**Edwards Mosquito Abatement District**

**13099 S Norwood Rd PO Box 561  
Donnelly, ID 83615  
(208) 325-4096**

**Mosquito Control No Fogging Request Form**

(Please Print)

**APPLICATION INFORMATION**

Name:		Mailing Address:		
		1:		
(Please select)		2:		
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Vacation Rental		City:	State:	Zip code:
Phone: (Home)	(Cell)	Email:		

**SITE ADDRESS**

Address:		Sub Division:		
1:		No.	Lot:	Block:
2:		Reason for Request		
City:	State:	Zip code:	<input type="checkbox"/> Medical <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Bee's	

**Applicant Acknowledges the following:**

1. This request applies to Mosquito Fogging only. The abatement district shall maintain monitoring and surveillance of your site in compliance with **Idaho Code 39-2804(10)**
2. This request is subject to the approval of the Edwards Mosquito Abatement Districts Board of Trustee's
3. In the event of finding a mosquito borne virus (West Nile, Western Equine Encephalitis, etc.) You will be notified of mosquito control actions. This agreement maybe rescinded
4. No Fog signs will be placed on either side of your site's street frontage by the district once the Board of Trustee's approves this request
5. This request for No Fogging does not release you from the abatement districts tax roles with the Valley County Assessor's Office

(Applicant):  Signature: _____  Print Name: _____  Date: _____	<b>Return completed form to:</b>  Edwards Mosquito Abatement District PO Box 561 Donnelly, ID 83615
	Board of Trustee's Approval: Signature: _____ Date: _____