



Mosquito Dunks Request Form

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE CHECK ONE:

I currently own or lease all of the above property.

I do not currently own or lease all of the above property.

I certify that:

1. I have read and understand the attached instructions for the application of mosquito dunks.
2. I agree that I will follow these instructions and will only apply mosquito dunks when larva are present.
3. I will not apply this product to any streams or regulated wet lands unless specifically authorized to do so by NYSDEC.
4. If I apply this product to property other than my own, I will return the completed pesticide report.

SIGNED NAME: _____ DATE: _____

DISTRIBUTED DATE

NUMBER

BY
