

## Mosquito Surveillance and Treatment Permission

I grant ongoing permission for Municipal Pest Management Services, Inc. to access areas of standing water with mosquito larvae on my property at;

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in Litchfield New Hampshire for the purposes of larval surveillance and treatment. I understand that this is at no cost to me and may be revoked by either party by notification in writing.

PLEASE CHECK ONE:

I allow concurrent annual permission to apply mosquito larvae control applications to my property.

I wish to have an annual renewal for permission to apply mosquito larvae control applications to my property.

Name (Print) \_\_\_\_\_

Signed: \_\_\_\_\_ Owner/Representative

Date: \_\_\_\_\_