



**ADA COUNTY
MOSQUITO ABATEMENT
DISTRICT**

**MOSQUITO ABATEMENT
NOTIFY ONLY REQUEST FORM**

NOTIFY ONLY. Check this box if you would like to be contacted before your area is treated.

Instructions:

1. Fill in all appropriate blanks on the request form.
2. Submit signed copy of this form by mail, fax or email PDF to:

Ada County Mosquito Abatement District
 975 E. Pine Ave.
 Meridian, ID 83642

Fax: 208.577.4631
 Office: 208.577.4646
 Email: wpm@adacounty.id.gov

Name _____

Street Address _____

City, State, Zip code _____

Phone _____ Check to receive text notices

Email address _____

Are you a certified organic producer with Idaho State Department of Agriculture? _____ Yes/No

Please provide:

Certification number _____

Effective date of certification _____

Are you registered with any other organic growers organization? _____ Yes/No

Please provide:

Organization name _____

Certification number _____

Effective date of certification _____

Please Note:

This form is valid through the end of this calendar year. A new form must be signed and submitted annually to keep your notify status.

Signature _____ Date _____

For Department Use:

Parcel # _____

Received Date _____