



ADA COUNTY 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 Weed, Pest and Mosquito Abatement
975 E. Pine Ave.
Meridian, Idaho 83642

Fax number: 208-577-4631
Office number: 208-577-4646
Email address: wpm@adaweb.net

Name _____

Street Address _____

City, State & Zip _____

Size of Property _____ acres

Phone # _____ (to reach for notification)

Are you registered organic with Idaho State Department of Agriculture? _____ Y/N

Please provide your

Certification number _____

Effective date of certification _____

Are you registered with any other Organic growers organization? _____ Y/N

Please provide the:

Organization name _____

Certification number _____

Effective date of certification _____

Please Note: Failure to submit a signed copy of this form to Ada County Mosquito Abatement annually will result in the loss of notify status.

Signature _____ Date _____