



CECIL COUNTY, MARYLAND
OFFICE OF FINANCE
200 CHESAPEAKE BLVD., SUITE 1100
ELKTON, MARYLAND 21921

TELEPHONE: 410-996-5390
FAX: 410-996-5206

Mosquito Spraying Application

Applying for Calendar Year 20_____

By participating in the Mosquito Control Program you are granting permission for the Department of Agriculture and/or the county mosquito agency in Cecil County to have access to and enter the property for the purpose of conducting adult mosquito control, using truck-mounted or hand-carried insecticide spray equipment. The application of insecticide will be in compliance with the use instructions contained in the insecticide label.

Contact Name and Billing address: _____

Property Location if different than billing address: _____

Phone number: _____ Cell phone number: _____

Email: _____

Signature of responsible party for payment: _____

Please print name: _____ Date: _____

Please send completed form to the address listed above or email sscholl@ccgov.org or fax to 410-996-5206. This form will be used to compile our Mosquito Control Spraying schedule.

If you have any questions, please call 410-996-5390.