

REQUEST FOR EXCLUSION TO MOSQUITO SPRAYING

Mail this completed form by certified mail no later than March 1st to:

Town Clerk's Office
235 North Street
North Reading, MA 01864

DATE: _____

TO: Town Clerk -- North Reading, MA 01864

Pursuant to regulation 333 CMR 13:03 adopted by the Massachusetts Pesticide Board, I hereby register the property listed below for exclusion from pesticide applications for the year _____.

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

The following are abutters to the above property:

I request exclusion from the following pesticide application programs:

The boundaries of the property to be excluded will be marked every 50 feet by orange surveyor's tape or other appropriate means:

