



285 E. Howard Road
Beaverton, MI 48612
(877) 276-4714 Toll Free (989) 426-2420 Phone
www.advancedmosquito.com



2018 OFF ROAD ACCESS TREATMENT CONSENT FORM

I hereby request, license and authorize an APM Mosquito Control vehicle and employee(s) to access my property, including if necessary, to drive off my driveway and to adulticide and/or larvicide for mosquitoes. Please remember, **due to insurance requirements, we must obtain a new signature every year.**

Please check this box ONLY if ALL information from last year remains the same. **Complete your name, signature, & address** & return. If ANYTHING has changed, please fill out this new form completely, & return promptly.

PROPERTY OWNER'S INFORMATION: Please fill this form out completely. Please print.

PRINT OWNER'S NAME

OWNER'S SIGNATURE

ADDRESS (& LOT # IF APPLICABLE)

CITY

STATE

ZIP CODE

NEAREST CROSS STREET

TOWNSHIP

DATE

()
TELEPHONE #

MAILING ADDRESS (IF DIFFERENT)

- Qualifying Guidelines:**
- 1) House is 150 + feet off the road
 - 2) 1 + Acres of treatable land
 - 3) House is encapsulated by trees, as to where the fog will not penetrate the trees and reach your house.
 - 4) Residential property (for vacant land used for vacationing, please call 5 days in advance, as needed, when occupied)

All gates, cables, ropes, etc. must be opened and/or removed from driveway in order to **obtain access to the premises without exiting our vehicles.** This form does not automatically accept your property for our "Off Road" program. A quick survey from our field technician will be the determining factor.

IMPORTANT: If this form is not returned, your name and address may be removed from our "Off Road" list. Therefore, if you wish to be/remain an "Off Road", please return this form, to the address at the top of the page, or email to apmmosquitonorth@gmail.com within 30 days of postmark, so our records may be updated for the current mosquito control season. Your cooperation is greatly appreciated.

ANY TREATMENT REQUEST FOR MORE THAN JUST THE DRIVEWAY, REQUIRES A MAP OF YOUR PROPERTY, PLEASE USE A SEPARATE SHEET OF PAPER. THE MAP MUST INDICATE LOCATION OF SEPTIC/DRAINFIELD, WELL HEAD, OR ANYTHING THAT MAY CAUSE DAMAGE BY/TO YOUR PROPERTY/OUR TRUCKS. THE ROUTE TO BE TREATED WILL BE THE DISCRETION OF THE DRIVER. ALL RESIDENTS IN OUR "OFF ROAD" PROGRAM WILL RECEIVE A CALL ON THE DAY WE INTEND TO SPRAY IN YOUR AREA, WEATHER PERMITTING.