



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

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BOARD OF HEALTH
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SHARON CAMERON
DIRECTOR

Property Exclusion from Pesticides

Please exclude the following property from mosquito control activities this year.

Date:

Resident name:

Address:

Telephone number:

Property owner (if different):

Address of owner:

Town:

Types of mosquito control applications to be excluded:

_____ Adulticiding

_____ Larviciding

This form must be submitted by certified letter dated between January 1 and March 1 of the year the exclusion is requested, to the Municipal Clerk in the town in which the property exists. The exclusion will run from April 1 of that year to March 31 of the following year.