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## OPPORTUNITY TO OPT OUT OF TREATMENT

This is a letter of objection. The following property owner or resident prefers that their property NOT be treated for mosquito control.

Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Nearest Cross Street to Residence \_\_\_\_\_

Township \_\_\_\_\_

Telephone (Main) \_\_\_\_\_ (Secondary) \_\_\_\_\_

(Mailing address if different) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please visit our website at [advancedmosquito.com](http://advancedmosquito.com) for FAQ, pesticide information, and general mosquito knowledge.

Please send this form to the address at the top of the page, or it may be emailed to [apmmosquitosouth@gmail.com](mailto:apmmosquitosouth@gmail.com), or faxed to the number at the top of the page.

***IMPORTANT: Please understand that opting out of treatment does not relieve you from paying the voted millage.***