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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 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 apmosquitosouth@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.