



Bannock County Mosquito Abatement
Request for Service

Name: _____

Address: _____

City: _____

Phone Number: _____

Nature of your request (Please describe detailed mosquito activity):

Do you know where the mosquitos are coming from?

Are they more active at night or in the morning?

Do you have samples of the mosquitos to help us identify it? Where will you leave it for us?

Do we have permission to enter your property to inspect/treat?

Please email completed form to scotth@bannockcounty.us