BLENDON TOWNSHIP MOSQUITO MANAGEMENT
DO NOT SPRAY REQUST 2025

Property Address: _____

Contact Information: First Name: _____ Last Name: _____

Preferred Contact Method: ☐ Call: _____ ☐ Text: _____
☐ Email: _____

Reason for 'Do Not Spray' Request: ☐ Apiary ☐ Medical ☐ Organic Farming/Gardening
☐ Other: _____

Signature

By signing below, I hereby consent that I am the owner or a resident of the property/address listed above. I understand that this request will expire December 31, 2025 and that I will need to resubmit the form the following year.

Signed: _____ Date: _____

Printed Name: _____

This form serves as a formal request for Blendon Township Service Department to make a good faith effort to shut off truck-mounted spray equipment within approximately 150 feet of the registered property boundaries to account for product drift. This request is only good for this calendar year, and a new request needs to be submitted each year you wish to be exempt. Document is intended to similarly align with the requests previously made via Franklin County Public Health (FCPH).

Return Completed Form to: Blendon Township Service Department
Matt Newman
6360 S Hempstead Rd
Westerville, OH 43081

or by Email to: mnewman@blendontwp.org

with Subject: "Blendon Township Mosquito Management Do Not Spray Request"