

Calvert County Government
Mosquito Control Program
COMMUNITY REQUEST FOR SERVICE 2026



COMMUNITY: _____

REPRESENTATIVE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

Invoices are mailed to above representative unless otherwise noted. See back of form for billing name and address if needed.

Telephone Numbers

Home: _____

Work: _____

Alternative Representative: _____

Home: _____

Work: _____

NUMBER OF HOMES SERVED: _____

COMMUNITY PARTICIPATION in Light Trap Monitoring Program: Yes _____ No _____

If Yes, please provide name, address and telephone numbers of contact person:

Name: _____

Address: _____

Telephone Numbers: _____

By the signature below, the undersigned Representative affirms the information contained herein is true and correct and that s/he has obtained the requisite authority from the participating property owners to authorize the Mosquito Control Program to perform the mosquito control services offered by the program.

SIGNED: _____

Representative

Date

Return to Mailing Address:
Calvert County Mosquito Control Program
150 Main Street
Prince Frederick, MD 20678

Field Office Location:
100 Skipjack Rd., Bldg B
Prince Frederick, MD

Telephone: 410-535-6924

E-Mail: mosquitocontrol@calvertcountymd.gov

BILLING INFORMATION IF DIFFERENT FROM REPRESENTATIVE NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

PHONE: _____

A MAP IS REQUIRED TO BE SUBMITTED with this form each year.
If you need assistance, please contact our office.

The map must list house numbers, not lot numbers, and must indicate the entire area covered by the request and must identify locations of:

1. Homes to be sprayed;
2. Any domestic beehives;
3. Homes not to be sprayed. **Residents opting out of spraying must fill out an exemption form (example: health concerns, environment, etc.);**
4. Private driveways will NOT be considered as part of the spray route. Residents requesting to have their driveway sprayed will be required to complete the form entitled "PERMISSION TO ENTER PRIVATE PROPERTY" and return it to the community representative so it can be included with their map. **No driveways will be considered without this signed form and the requirements being met.**

We appreciate your efforts in giving us the most complete information possible. This allows us to do our job more effectively and have a successful spray season for both communities and staff. Thank you!