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| OFFICE USE ONLY |         |
|-----------------|---------|
| ML              | YC      |
| OR              | MB      |
| CEA             | MAP RES |
| BOOK            | MAP ORR |
| SCN DOC & UPLD  |         |
| RTE & MAP #     |         |

## 2024 OFF-ROAD ACCESS TREATMENT CONSENT FORM

### PLEASE READ IN ITS ENTIRETY THEN FILL OUT THIS FORM COMPLETELY

I hereby request, license, and authorize an APM Mosquito Control vehicle and employee(s) to access my property, including if necessary, to drive off my driveway and to adulticide and/or larvicide for mosquitoes.

## PROPERTY OWNER'S INFORMATION

PLEASE PRINT

|                                 |                 |                   |          |
|---------------------------------|-----------------|-------------------|----------|
| PRINT OWNER'S NAME              |                 | OWNER'S SIGNATURE |          |
| ADDRESS (& LOT # IF APPLICABLE) | CITY            | STATE             | ZIP CODE |
| NEAREST CROSS STREET            |                 | TOWNSHIP          |          |
| DATE                            | TELEPHONE # ( ) |                   |          |

### MAILING ADDRESS (IF DIFFERENT)

**Qualifying Guidelines:** Must be Full Time Residential property (For property used for vacationing/visiting, please call 5 days in advance of occupancy. We will treat your property prior to your arrival. NO NEED TO FILL OUT THIS FORM.)

~ and a minimum of 1 of the following guidelines~

- 1) House is 150 feet, or more, off the road
- 2) 1 Acre, or more, of treatable land
- 3) House is encapsulated by trees, as to where the fog will not penetrate the trees and reach your house.

All gates, cables, ropes, etc. must be opened and/or removed from the driveway to **obtain access to the premises without exiting our vehicles**. This form does not automatically accept your property for our "Off-road" program. A quick survey from our field technician will be the determining factor. IF your property is approved, a green stake will be placed near your driveway or mailbox. Please keep this free of grass, dirt, and debris so it may be used as an indicator to the drivers in the evening.

Any treatment request for more than just the driveway, **requires** a map of your property, please use a separate sheet of paper. The map must indicate the location of your septic/drain field, well head, or anything that may cause damage to your property or our trucks. The map will be used as a guide where **not** to drive. **The route to be treated will be the discretion of the driver.** All residents in our "off-road" program will receive an automated call (please program our local number into your phone so it does not show up as potential spam) on the day we intend to spray, weather permitting.

**YEARLY RENEWAL:** Every March we will send out an automated survey call ("robocall") from caller i.d. 989-426-2420 asking if you wish to remain on the off-road list. Please accept this call and answer accordingly. If you do not receive this call or miss it, please call us sometime in March and renew your off-road status over the phone.

**IMPORTANT:** If this form is not returned, your name and address may be removed from our "Off-road" list. Therefore, if you wish to be on our "Off-Road" list, please return this form to the address at the top of the page, OR email it to [apmmosquitonortheast@gmail.com](mailto:apmmosquitonortheast@gmail.com) OR fax it to the phone number at the top of the page so we can update our database for the current mosquito control season. Your cooperation is greatly appreciated.