



Owens Valley Mosquito Abatement Program

207 West South Street

Bishop, CA 93514

760.873.7860

ovmap@inyocoag.com

Mosquito Complaint Form

PLEASE PRINT

Date: _____ Time: _____

Name: _____

Address: _____

Telephone #: _____

NATURE OF COMPLAINT:

Mosquito Biting Suspected Breeding Source Affected by Applied Pesticide Other

Number of Days Annoyance has Occurred _____

Briefly Describe: _____

AREA WHERE MOSQUITOES ARE MOST PREVALENT:

Indoors Outdoors Lawn Bushes Near Outdoor Lights Other

Briefly Describe: _____

TIME OF DAY WHEN MOSQUITOES ARE MOST PREVALENT:

Morning (Dawn) Midday Evening (Dusk) After Dark

Number of mosquitoes alighting at one time (landing and biting): _____