

MOSQUITO COMPLAINT REQUEST

Please provide the following information to help us learn about the mosquito problem in your neighborhood.

Resident Information	
Name _____	Date _____
Address _____	City/Township _____
Phone _____	Email _____

Complaint Details		
Is the complainant being bitten at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the complainant had a problem in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a history of standing water in the complainant's area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, where?		
Does the complainant know anywhere else the mosquitoes may be breeding? - i.e. - containers, swimming pools, tires, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What time of day is the problem most noticeable?	Between _____	and _____ .
Are you willing to allow this office to set a mosquito trap to collect and count mosquitoes at your house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please return the complaint form to this office by e-mail, fax, or mail.

Greene County Public Health
Environmental Health Division
360 Wilson Drive
Xenia Ohio 45385
937-374-5607
ehpermits@greenecophoh.gov