

## **Luzerne County 2016 Gypsy Moth Suppression Program**

**Community Association** Request for Treatment

Submission of this application form in no way obligates Luzerne County or the Department of Conservation and Natural Resources to conduct pesticide spraying on any property. The application only allows your property to be evaluated by the Luzerne County Gypsy Moth Coordinator to determine if it meets state criteria for inclusion in the program. After you have been approved, you be billed at a later date for the as yet undetermined cost.

Community Association:	Association Phone #:
Contact Person:	Contact Phone #:
Community Association Mailing Addres	ss:
Municipal	lity:
	ontact person may be required to determine the boundaries of the community and the entire community is evaluated for participation.
*Please provide clear	directions to your community from the nearest state road.
By signing this application. I state th	
discussed this application with the	nat I have been named the contact person for the community and have association. Acting on behalf of the community, I will be the liaison the County and the Community Association.
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Spray Block #: \_