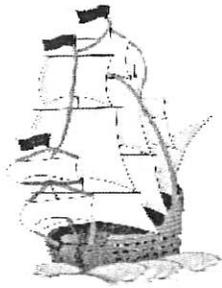


Town Supervisor  
Kevin J. Tollisen

Town Board  
Jeremy Connors  
Paul Hotaling  
Daphne Jordan  
John Wasielewski



# TOWN of HALFMOON

Lynda A. Bryan, Town Clerk  
2 HALFMOON TOWN PLAZA  
HALFMOON, NY 12065  
COUNTY OF SARATOGA  
(518) 371-7410 ext. 2233  
*lbryan@townofhalfmoon-ny.gov*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE CHECK ONE:**

I currently own or lease all of the above property.

I do not currently own or lease all of the above property.

I certify that:

1. I have read and understand the attached instructions for the application of mosquito dunks.
2. I agree that I will follow these instructions and will only apply mosquito dunks when larvae are present.
3. I will not apply this product to any streams or regulated wet lands unless specifically authorized to do so by NYSDEC.
4. If I apply this product to property other than my own, I will return the completed pesticide report.

SIGNED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTED DATE

NUMBER

BY

\_\_\_\_\_

\_\_\_\_\_

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