REQUEST TO BE ON THE CITY'S "NO SPRAY" LIST

I/We _____, being the owner(s) of the property located at _____, (physical address) do hereby request of the City of Okanogan to be placed on a "NO SPRAY" list for the purpose of mosquito abatement.

Dated this _____ day of _____, _____.

_____
Property Owner(s) Signature

Phone #_____

For the City of Okanogan:

_____
Name/Title