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

I/We		, being the owner(s) of the
property located at		, cerns the owner(s) of the, (physical address) be placed on a "NO SPRAY" list for
do hereby request of the City of	of Okanogan to	be placed on a "NO SPRAY" list for
the purpose of mosquito abate	ement.	
Dated this	day of	
	day or	
Property Owner(s)		Phone #
Troperty Owner(s)		r none #
For the City of Okanogan:		
For the City of Okanogan.		
		_
Title·		