

**RECEIPT AGREEMENT**

DATE \_\_\_\_\_

TOWN OF \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

GENERAL LOCATION OF TREATMENT AREA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I currently own or lease all of the above property.

\_\_\_\_\_ I certify that:

1. I have read and understand the attached instructions and copy of the manufacturer's label and instructions for the application of Mosquito Dunks.
2. I agree that I will follow these instructions and will only apply Mosquito Dunks when mosquito larva are present.
3. I will not apply this product to any streams or regulated wetlands.
4. I agree to return unused Dunks to the Town Hall by

Signed \_\_\_\_\_ Date \_\_\_\_\_

(FOR OFFICE USE ONLY)

Mosquito Dunks.wks(8/00)

Distributed:

Date	Number	Received	By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____