



Public Health
Environmental Health Services

www.SBCounty.gov
www.sbcounty.gov/dph/dehs
 Phone: (800) 442-2283



MOSQUITO FISH REQUEST FORM

This Section To Be Completed By Applicant - Please Print

CONTACT INFORMATION

Name	E-mail Address	Phone Number
Physical Address of Property		City

WATER BODY SPECIFICATIONS

Description of Water Body(s)

Approximate Surface Area of Water Body (square feet)

By signing below, I acknowledge receipt of information regarding legal uses of mosquito fish.

Signature	Print Name	Date
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<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>
Residence Verified?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Informational literature given?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of fish given?		
Employee Name (Print)				Employee Initials		