



Public Health  
Environmental Health Services

[www.SBCounty.gov](http://www.SBCounty.gov)

[ehs.sbcounty.gov](http://ehs.sbcounty.gov)

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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*For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only*

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	

Updated September 2015