

MOSQUITO CONTROL SERVICE REQUEST

HOW TO REQUEST SERVICES

Mosquito control services are available to all residents of Portage County Ohio. In the city of Kent, these services include truck sprays, hand sprays (localized back pack ULV and Barrier treatments), larvicide applications, and domestic inspections. **Residents of Portage County outside the Kent city limits will need to contact the [Portage County Health Department](#) regarding services provided.**

When breeding areas are known, larviciding is the most efficient ways to control mosquitoes. For adults biting in the evening, truck sprays provide the most efficient control. Daytime-biting mosquitoes are best treated by hand sprays. To avoid mosquitoes developing resistance to the control materials used, any given type of treatment will only be used on an area once per week, though more than one type of treatment can be used in the same week. For example, a residence could have a hand spray and a truck spray performed in the same week, but could not have two truck sprays in the same week.

Kent City Residents: Two hand sprays may be requested per calendar year. Additional requests will be considered if needed. All services are provided at no charge. All services require a proper service request to be completed before the request will be scheduled.

Requests for services can be submitted online, in person, by mail or fax to: Kent City Health Department 414 E. Main St., P.O. Box 5192, Kent, OH 44240 phone 330-678-8109 fax 330-678-2082.

For the fastest service response time, submit a service request online using our website:
http://www.kentpublichealth.org/mosquito_service_request_form/index.php

No-Spray Program: Kent city residents may request to have their address not sprayed during normal operations. Please contact the Kent City Health Department regarding this program.

Kent City Health Department Mosquito Control has the responsibility to determine timing, method and area of treatment, if any, to satisfy requests. These decisions are based on, but not limited to; mosquito surveillance data, best management practices, weather conditions, and legal requirements. When submitting a service request, please be prepared to provide the following information to assist our technicians in responding to your request:

Name
Address
Home and/or work/cell telephone number
Description of problem
Type of service requested

For more information, please visit our website:
http://www.kentpublichealth.org/mosquito_control_program.php
or contact the Kent City Health Department directly at:
Phone: 330-678-8109 ext. 5208
Email: j.smith@kent-ohio.org

Under Ohio Law, email addresses are public record. If you do not want your email address released to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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Date of Service Request:

Contact Name:

Contact Address:

Contact Phone Number:

Contact Email:

Best time to Contact:

Description of the Location and Specifics of Issue:

----- *Below to be completed by Abatement Personnel* -----

Abatement Completed By: _____ Date and Time: _____

Standing Water was found in

- Road or Drainage Ditch
- Retention Basin
- Woodland Pool
- Temporary Pool (tire ruts)
- Containers holding water
- Tires
- Creek or Watercourse
- Pond or Swamp
- Swimming Pool or Spa
- Other:

Abatement Action Information

- Larvae Found per Dip: _____
- Treatment/amount applied/method/wind/temp:

- Add to map for permanent inspections and treatments.
Provide a description of site:

- Educational information provided
- WAS HERE! Door hanger left
- Additional Action or Recommendations:

