

GYPSY MOTH AREAS OF CONCERN

DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

AREA OF CONCERN:

Please note:

Filling out this form does not guarantee that the spraying of Gypsy Moths will occur in your area of concern. Forms will be collected and presented to council for consideration in the 2019 budget. Please forward completed form to the attention of Christine Tonon – Public Works at : ctonon@pelham.ca