



Northampton County 2016 Gypsy Moth Suppression Application

Individual request for treatment

Submission of this application form in no way obligates Northampton County or the Department of Conservation and Natural Resources to conduct pesticide spraying on any property. The application only allows your property to be evaluated by the Northampton County Gypsy Moth Coordinator to determine if it meets state criteria into the program.

LANDOWNER'S CHECKLIST

Please fill out completely: Failure to complete **All sections may result in the exclusion of your property from this program.*

NAME: _____ **Phone Number:** _____

Mailing Address: _____

Physical Address: _____

Email: _____

**Please provide clear directions to your home from the nearest road.*

If we cannot locate your home, your property will not be included in the spray program.

Municipality: _____

The property you would like treated must meet the following criteria:

1. There must be a residence on the property.
 2. Residence must be within 200 feet of the forest.
- * Scattered, ornamental trees and hedge rows are not considered forest.

In addition, your property may not qualify if *any* of the following exist:

Property is commercial; adjacent properties are not participating; tree species are not favorable to gypsy moths and adjacent property owner(s) are opposed to aerial application of insecticide.

Please answer YES or NO to the following questions:

1. Have you contacted your neighbors to include their properties in the treatment request? _____
2. Are you willing to serve as a spray block coordinator? _____
3. Will you allow a field technician to enter your property without an appointment? _____

***This application MUST be returned by **September 1st** in order for the property to be considered for treatment.**

There will be no extension of the September 1st deadline.

Return this completed application to the Penn State Northampton County Extension office

14 Gracedale Avenue Greystone Building Nazareth, PA 18064

Email: NorthamptonExt@psu.edu Fax: 610-746-1973 Phone : 610-746-1970

OFFICIAL USE ONLY

Qualified: Yes / No

Reason: _____

Access ID: _____

Field Visit Date: _____

Spray Block #: _____

Date Received: _____