Columbia County 2017 Gypsy Moth Program Application

Name:	Phone #:		
Mailing Address:			
	State:		
Email: (REQUIRED)			
*Your Parcel I.D. Numb	per can be found on your proj the Parcel Map locate		y contacting the County Tax Office or ebsite
Parcel (Lot) I.D. Number	(s):	Property Address	: If different than the mailing address
City <u>:</u>	Municipality:		Zip Code:
Minimum of 50 acres per	spray block (Lots can be Contig	uous or within 1 mile	e of one another to equal the 50 acres)
Property Acreage:	There is a \$50.00 per acre fee for this spray service.		
	(Plea	se note that lots less	than 1 acre will be assessed at \$50.00)
	Is the property part of a Hom		
	ion:		
Address:			
City:	Municipality:		Zip Code:
Association Contact Pers	son:F	Phone #:	Email:
	Are you or anyone in your fan	nily Hypersensitive?	Yes: No:
Signature:			_Date:
Return this form by:	Wednesday, Nover *LATE APPLICATIONS WIL		ED*
Please send to:		Box 380 arg PA 17815	9147

Please note that completing this application does not guarantee you will be enrolled in the program.