

**STATE OF MARYLAND  
DEPARTMENT OF AGRICULTURE  
Mosquito Control Section**

**APPLICATION FOR  
COMMUNITY-WIDE ADULT MOSQUITO CONTROL SERVICES  
2026 Season**

Please note: **All requested information and forms MUST BE completed and attached.** Processing Your Community Application Will Be Delayed If Appropriate Materials are not completed and attached.

**County:** \_\_\_\_\_

**Community Name:** \_\_\_\_\_

**Name of Community Representative:** \_\_\_\_\_

**Address of Community Representative:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

State: \_\_\_\_\_

**Telephone Number of Community Representative:** \_\_\_\_\_