Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

MOSQUITO CONTROL MONTHLY ACTIVITY REPORT

Submit to:
Mosquito Control Program
3125 Conner Blvd, Bldg 6
Tallahassee, FL 32399-1650

ADAM H. PUTNAM
COMMISSIONER

Rule 5E-13.022, F. A. C.
Telephone: (850) 617-7995; FAX (850) 617-7969

COUNTY OR DISTRICT_____MONTH_____YEAR_____

CHEMICAL ADULTICIDE • Show % of active ingredient (a.i.), EPA# • Delete rows of chemicals not used • Check the appropriate method of treatment	**ULV**	**THRM**	**GRND**	**AIR**	**MIX RATIO FOR FORMULATION**	**ACRES TREATED MONTHLY**	**ACRES TREATED YEARLY**	**TL OUTPUT MONTHLY**	**TL OUTPUT YEARLY gal/lb**

CHEMICAL LARVICIDE • Show % of active ingredient (a.i.), EPA# • Delete rows of chemicals not used • Check the appropriate method of treatment	**GRND**	**AIR**	**MIX RATIO FOR FORMULATION**	**ACRES TREATED MONTHLY**	**ACRES TREATED YEARLY**	**TL OUTPUT MONTHLY**	**TL OUTPUT YEARLY gal/lb**