| | | AREA DESIGNATION: | |
|--|-------------------|---------------------------|----------------------------|
| GRAND RIVE | R | YEAR/MONTH ORIGINATED: | |
| MOSQUI CONTROL DIS | TO | | |
| CONTROL DIS | FRICT | PROPERTY OWNER: | |
| | | RESIDENT OR REPRESENTA | TIVE: |
| PERMISSION TO ACCESS PROPERTY ADDRESS/LOCATION: | PROPERTY | Parcel No: | |
| PROPERTY ADDRESS/LOCATION. | | PARCEL NO. | |
| The undersigned property owner, owner's agent/representative, or resident hereby grants the Grand River Mosquito Control District, its representatives and assigns, permission to provide mosquito mitigation and surveillance activities upon the above defined property: | | | |
| DESCRIPTION OF WORK TO BE DONE | | | |
| The Grand River Mosquito Control District (GRMCD) is a Colorado Special District that is charged with mitigating mosquito/human interactions within its defined Service Area. The GRMCD conducts regular mosquito control activities from March through October by: • Identifying locations where juvenile mosquitoes develop into adults • Monitoring stagnant water for mosquito activity • Applying larvicides/pesticides to the areas found to have mosquitoes present • Monitoring adult mosquito populations. | | | |
| Conditions for access: | | | |
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| | | | |
| This Permission to Access Property will remain in effect during the year noted above and will automatically renew for additional one year periods unless terminated by either party. This Permission to Access Property may be terminated by either party at any time by giving written notice of the effective date of expiration. This agreement will also be terminated upon the sale of this property. Note: The GRMCD will only conduct mosquito mitigation strategies on the properties described in this agreement with a signed permission to access. | | | |
| <u> </u> | NAME (PLEASE PR | RINT) | DATE |
| PERMISSION GRANTED BY: (CHECK ONE) | SIGNATURE | | PHONE |
| PROPERTY OWNER | | | () |
| Owner's Representative/Agent | OWNER'S MAILING A | DDRESS | PHONE () |
| RESIDENT | | | , , |
| THE INDIVIDUAL SIGNING THIS PERMISSION TO ACCESS PROPERTY, ON BEHALF OF THE OWNER, IS AUTHORIZED TO DO SO. | | | |
| PERMISSION RECEIVED BY: NAME & TITLE (PLEASE PRINT) | | | |
| | SIGNATURE | | DATE |
| | ATTEMPT: 1st Ti | ME : 2 ND TIME | : : 3 RD TIME : |