

**Town of Rye**  
**Mosquito Activity Complaint Form**

**Resident**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of report: \_\_\_\_\_ Time: \_\_\_\_\_ Days of high activity: \_\_\_\_\_  
Additional comments: \_\_\_\_\_

---

**Town of Rye**

Date of complaint: \_\_\_\_\_ Time rec'd: \_\_\_\_\_ By whom: \_\_\_\_\_  
Action taken: \_\_\_\_\_

---

**Mosquito Control Contractor**

Company: \_\_\_\_\_ Technician: \_\_\_\_\_  
Date of receipt: \_\_\_\_\_ Time of receipt: \_\_\_\_\_

**Action**

Site inspection (yes or no): \_\_\_\_\_ Time: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Activity level (H M L): \_\_\_\_\_ Mosquito specie(s): \_\_\_\_\_  
Site number of nearest breeding site: \_\_\_\_\_  
Conditions in & around resident's property: \_\_\_\_\_  
IPM recommendations: \_\_\_\_\_  
Actions taken by contractor: \_\_\_\_\_