



CITY OF NEW BEDFORD

SCOTT W. LANG, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

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JAMES SCHWEIDENBACK, D.M.D., CHAIRPERSON

DIRECTOR OF HEALTH

MARIANNE B. DE SOUZA, R.D.H., B.A., M.S.

TO: City Clerk

DATE: _____

Pursuant to regulations adopted by the Massachusetts Pesticide Board (333 CMR 10.01 (21), I hereby register the property listed below for exclusion from public area-wide applications for the year 2010.

Name: _____

Address: _____

City: _____

Telephone: _____

I request exclusion from the following pesticide application programs:

() Bristol County Mosquito Control

() Other (Please specify): _____

The boundaries of the property to be excluded needs to be marked "at least every fifty (50) feet with orange surveyor's tape or another Department-approved marking device which clearly defines the area of exclusion" (333 CMR 13.03 (2)).

Specify: _____

Signature: _____

Date: _____

MUST BE SUBMITTED BY MARCH 31st AND IS EFFECTIVE FROM APRIL 1st OF THE YEAR FILED THROUGH MARCH 31 OF THE FOLLOWING YEAR.