



**CITY OF LARAMIE**  
**PARKS & RECREATION DEPARTMENT**  
 P.O. BOX C  
 LARAMIE, WY 82073

Parks: (307) 721-5264  
 Fax (307) 721-5256  
 Recreation: (307) 721-5269  
 Fax: (307) 721-5284  
 TDD (307) 721-5295

**PERMISSION FOR NO SPRAY PROGRAM INCLUSION**

The undersigned hereby grants permission to the City of Laramie, its agents and employees to conduct these activities upon the property described below:

Yes No Installation of reflective markers at property boundaries in street or alley

Yes No Suspension of fogging at or near the property line described below

\_\_\_\_\_ Mark "No" on the above questions and Initial here to withdraw your participation in the "No Spray" program.

I understand that adult mosquito control within the city limits is done by ground spraying using Zenivex E4 as the control agent. It is the intent of the NO SPRAY program to minimize the exposure of citizens to mosquito control insecticides. Due to the design of application equipment and the required drift characteristics of these insecticides no guarantee is made that the property will be left insecticide free. I agree to control vegetation or other objects that may obscure the visibility of the NO SPRAY reflectors on my property and to inform the Mosquito Control division in the event that the markers are damaged or removed. I understand that NO SPRAY zones may be suspended during a public health emergency categorized by a Risk Level of 2 or greater as described in the West Nile Virus Plan. Inclusion in the NO Spray program does not exempt payment of mosquito control fees.

I own or control the property to which this permission applies, described as:

Address: \_\_\_\_\_

Legal description: (If other than normal street address)

\_\_\_\_\_  
 \_\_\_\_\_

This permission is in effect during the 2022 season unless revoked in writing.

DATED: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed scanned copies can be emailed to:  
 TAllbright@cityoflaramie.org