**Mosquito Control Environmental Assessment Form**

1. Address: \_\_\_\_\_

Street City State Zip

**Risk Factors**

1. Do you see mosquitoes on the property?  Yes  No
   1. Adult  Yes  No
   2. Larvae  Yes  No
   3. If yes, specify what species (if known):

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

1. Is there any of the following sources of standing water in the yard?

Bird Bath  Potted Plants  Buckets  Barrels

Clogged Gutters  Wading Pool  Uncovered Boat  Covering Tarp

Used Tires  Well  Toys

Pet water bowls  Garbage or recycle containers  Debris

Unoccupied business or other property  Flat roof  Ponds, natural

Retention/runoff ponds  Fish or Decorative Ponds

Other, specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are any of the above sources of standing water current breeding sites (contain larvae)?

Yes  No

* 1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. About what percent of the yard is covered with vegetation?

0%  25%  50%  75%  100%

1. Are there any other sources of standing water, such as a pond, near the residence?

Yes  No

* 1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do all the doors have screens?  Yes  No
2. Do all the windows have screens?  Yes  No
3. Are all the screens intact (no tears or rips)?  Yes  No