

City of Lander  
Variance Request  
For A No Spray Zone

NAME: \_\_\_\_\_  
  First  Last

ADDRESS OF AREA FOR NO SPRAY ZONE  
STREET: \_\_\_\_\_

MAILING ADDRESS  
STREET OR BOX# \_\_\_\_\_

PHONE # (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

I would like to make a request that the above area not be sprayed for adult mosquito control. I understand that this mosquito spraying is done to improve the quality of life for the residents of Lander, and also for the control of disease carrying vectors. I also understand that the City will continue to spray in Lander and in my neighborhood and does not guarantee nor represent that spray nor residue from spray will not enter upon my property. I will not hold the City of Lander responsible for any accidental drift or spraying of this property. I also understand that my neighbors have the right to this service that is provided by the City of Lander and if other neighbors do not request for no spray, then my area of town will be sprayed.

I understand that when Fremont County determines that West Nile becomes a threat to all citizens that the adult spraying program will include the entire city with no exceptions. I understand that this request is only good for the current year.

SIGNATURE: \_\_\_\_\_

Date \_\_\_\_\_