



Public Health
Prevent. Promote. Protect.

GREENE COUNTY COMBINED HEALTH DISTRICT

MOSQUITO COMPLAINT INFORMATION REQUEST

Please fill out the following questions to help us learn about the mosquito problem in your neighborhood.

CUSTOMER/COMPLAINT INFORMATION	
Name:	Phone #'s:
Address:	E-mail:
City:	Date:

COMPLAINT EVALUATION	
Complaint:	
1. Is the complainant being bitten at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the complainant had a problem in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a history of standing water in the complainant's area? If so, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the complainant know anywhere else the mosquitoes may be breeding? - i.e.-containers, swimming pools, tires, etc.	1 <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What time of day is the problem most noticeable?	Between _____ and _____
6. Are you willing to allow this office to set a mosquito trap to collect and count mosquitoes at your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return the complaint form to this office by e-mail, fax, or mail.

Greene County Combined Health District
Environmental Health Division
360 Wilson Drive
Xenia Ohio 45385
Fax number: 937-374-5619
Email: ehpermits@gcchd.org

Please call 937-374-5606 or 937-374-5607 for more information.