



Hot Springs County Weed & Pest Control District

P.O. Box 543 | 711 Springview St.

Thermopolis, WY 82443

Office: (307) 864-2278

hscwpcd@gmail.com | hscweedandpest.com

Mosquito Special Management Zone Formation - Landowner Consent

The undersigned landowner consents to the formation of
Management Zone # _____
as part of the Mosquito Special Management Program in Hot Springs County,
pursuant to W.S. 11-5-301 through 303.

Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Landowner Signature: _____

Printed Name: _____

Date: _____

Consenting to the formation of the management zone does not mean you are required to participate; a cooperative agreement shall be executed before any work is completed



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Mosquito Special Management Program Survey

Name:	
<input type="checkbox"/>	Check box, and continue to questions if contact information is the same as the landowner consent form (If lessees or land managers fill this out, include new contact information)
Physical Address:	
Mailing Address:	
Town, State, Zip:	
Home Phone:	
Cell Phone:	
Email:	

Questions:		
When would you like to be contacted for treatment:	<input type="checkbox"/>	Beginning of the Season
	<input type="checkbox"/>	Before HSCWP accesses the property for every treatment
	<input type="checkbox"/>	I will contact HSCWP to request treatment
	<input type="checkbox"/>	Other:
How would you prefer to be contacted? (please circle)	<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message	
Breeding Habitat Present: (please circle all that apply)	<input type="checkbox"/>	Pond/Reservoir/Swamp Puddles/Standing Natural Water Standing Irrigation Water No Standing Water on Property
Treatment Options:	<input type="checkbox"/>	Larvicide – granular application to standing water; insecticidal oil for water surface
	<input type="checkbox"/>	Adulticide – Ground fogging for adults
If your property has no reproductive habitat but there are adult mosquitoes present, fogging for adults is the only treatment option available		
Additional Comments:		

This information will be used only to create the cooperative agreement between the landowner/manager and HSCWP. If you would prefer to talk with HSCWP staff instead of filling out the survey or if you have questions, please contact the office. Return this to the Weed and Pest Office before **March 27, 2026**.