

2024 MIFD Tick Control Program Option Selection Form

(Please note that if you don't want to change your previous year's choice you don't have to fill out this form.)

Printed Name: _____

Property Address/es: _____

Phone: _____

Email address: _____.

(This will be used for future tick-prevention notifications from MIFD and/or the tick control contractor)

If you are a new MIFD property owner or you wish to change your 2023 Tick Treatment Contractor Option or you wish no MIFD treatment at all, please select one of the following options.

Option 1: BioTech Pest Controls (www.biotechpestcontrols.com)

I hereby give BioTech Pest Control permission to apply two applications of an organic-based cedar oil product to the listed properties for the 2024 tick season.

I understand that this choice will stay in effect for future years unless I change it.

Signature Required: _____

Option 2: SeaScape Inc. (www.seascapeinc.com)

I hereby give SeaScape Inc. permission to apply three applications of a Bifenthrin-based tick control insecticide to the listed properties above for the 2024 tick season. This product will be applied to the perimeter of each listed property above excluding any area within 50 feet of any waterway. I understand that this choice will stay in effect for future years unless I change it.

Signature Required: _____

Option 3: Do Not Treat My Property

Please do not have either SeaScape or BioTech treat my property(s) for tick control. I understand that this choice will stay in effect for future years unless I change it.

Signature Required: _____