East Shore District Health Department
Serving Branford, East Haven and North Branford

Request for Mosquito Habitat Evaluation

Date: _____ No: _____

Specific location of water _____

_____

_____

Approximate Size of Area: _____

Name : _____

Address : _____Town_____

Phone # : _____

Sketch of Area:

East Shore District Health Department
Email:info@esdhd.org | 14 Business Park Drive | Branford, CT 06405 | Phone (203) 481-4233 Fax (203) 483-6894

East Shore District Health Department
Serving Branford, East Haven and North Branford

FOR EAST SHORE HEALTH DISTRICT USE ONLY

Conclusion and follow-up:

_____ property owner responsible
_____ refer to AHS for inspection possible treatment
_____ significant problem
_____ not a significant problem
_____ will monitor location later in season
_____ Health District notice
_____ Health District Order

Referral Date: _____

Comments:_____

_____Contractor

Contractor Activity:_____

_____

5/05

East Shore District Health Department
Email:info@esdhd.org | 14 Business Park Drive | Branford, CT 06405 | Phone (203) 481-4233 Fax (203) 483-6894