

**Ohio Department of Agriculture (ODA)
GYPSY MOTH COOPERATIVE SUPPRESSION PROGRAM
Survey Request Application**

Fill out the information below and on reverse and return to:

ODA; Plant Pest – Gypsy Moth; 8995 East Main Street; Reynoldsburg, OH 43068.

Block Coordinator Information:

Block Coordinator's Name (Print)

Development or Business Name

Applicant's Mailing Address _____ (_____) _____ (_____) _____
 Daytime Phone Evening Phone

City State Zip County/Township/Municipality where block located

E-mail address _____ (_____) _____
 Fax

Other Landowners within the block must complete information and provide an original signature on next page.

Site Specific Information for the Block:

Property Location:

Township / Municipality _____ County _____

- (1) Total estimated block acres _____
- (2) Have you applied for treatment through the ODA in the past? Yes No Last year applied: _____
- (3) Was your property treated last year? Yes No Spray material used _____
- (4) Preferred pesticide product for use within the block this year: B.t.k. _____ Dimilin _____ Mimic _____
- (5) Number of landowners included in proposed spray block _____
 (Complete information on other landowners and have them sign on next page.)
- (6) Is property gated? Yes No
- (7) Is any portion of the property restricted? Yes No. If yes explain _____

If you answered 'yes' to questions 6 or 7, provide daytime and evening contact information so that access for treatment can be arranged.

Name of access contact _____ Daytime telephone _____ Evening telephone _____

Map Instructions:

Include with application a tax map of properties to be surveyed from your county assessors office (1"=200' scale or smaller). If scale is not printed on map, have the clerk write it on the map. Draw a boundary line around the area to be surveyed.

Municipalities or other government agencies should submit a digital file if this capability exists. An ArcView shape file (.shp), ArcInfo interchange file (.e00), MicroStation design file (.dgn), or AutoCAD drawing files (.dwg or .dxf) are acceptable. Specify projection, datum, and units. Contact Gypsy Moth GIS Specialist for guidance.

Block Coordinator's Signature: _____

Date: _____

Information and the original signature for each other Landowner.

<p>#1 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>	<p>#2 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>
<p>#3 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>	<p>#4 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>
<p>#5 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>	<p>#6 Other Landowner's Full Name (Print) _____</p> <p>Other Landowner's Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone No. _____</p> <p>Signature of Other Landowner _____</p>

Attach extra sheets as needed for additional landowners.

For ODA Use Only:

Block # _____	Site Name _____	Quad Name _____	
Date Surveyed ____/____/____ Surveyed by: _____			
Block consists of at least 50 contiguous acres: YES NO Tree canopy covers at least 50% of the block: YES NO			
35 % of block comprised of tree species designated as susceptible or resistant to gypsy moth: YES NO			
Land use: Residential Forested ____ Uninhabited Forested ____ Egg Masses per Acre _____			
Property Landownership: Private ____ Commercial ____ Public ____ Federal ____			
Qualify for Treatment: YES NO Cost Share _____%			