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.

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

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** _____%