



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
VECTOR-BORNE DISEASE CONTROL

REQUEST FOR SERVICES

RESIDENT – THE INDIVIDUAL OR ENTITY REQUESTING SERVICES. MUST COMPLETE THE FOLLOWING:

RESIDENT'S FULL NAME	RESIDENT'S PHONE NUMBER
RESIDENT'S ADDRESS	RESIDENT'S E-MAIL
RESIDENT'S CITY/TOWN	RESIDENT'S ZIP CODE

BEST HOURS TO CALL

PROBLEM:

<input type="checkbox"/> RATS INSIDE	<input type="checkbox"/> RATS OUTSIDE	<input type="checkbox"/> MICE INSIDE	<input type="checkbox"/> MICE OUTSIDE
<input type="checkbox"/> ADULT MOSQUITO	<input type="checkbox"/> STANDING WATER/MOSQUITO BREEDING		
<input type="checkbox"/> OTHER PROBLEMS (add additional info below)			

ADDITIONAL INFO ABOUT A PROBLEM:

SPECIFIC LOCATION INFORMATION:

PROBLEM LOCATION

CROSS STREETS

PROBLEM AREA : FRONT YARD BACK YARD BETWEEN PROPERTIES SHARED AREA

OTHER (additional details)

PETS INSIDE PETS OUTSIDE NO PETS

YARD FENCED: YES NO

OTHER LOCATION INFORMATION:

