

2026 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 and date: _____

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 previous year's Tick Treatment Option or you wish no MIFD tick treatment at all, please select one of the following options:

Option 1: Natural-based cedar oil tick control product

I hereby give Sea Scape permission to apply three applications of a natural-based cedar oil product to the listed properties for the 2026 tick season. I understand that this choice will stay in effect for future years unless I change it.

Option 1 Signature and date: _____

Option 2: Synthetic-based tick control pesticide product

I hereby give Sea Scape Inc. permission to apply 2 applications of a Bifenthrin-based tick control pesticide to the listed properties above for the 2026 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.

Option 2 Signature and date: _____

Option 3: Do Not Treat My Property

Please do not treat my property with anything. I understand that this choice will stay in effect for future years unless I change it.

Option 3 Signature and date: _____

Please return the completed form by mail or email to Tick Control Committee member Dave Ludwig, at 3 Yacht Club Road or email address lud1nj@comcast.net.

Please note that any information submitted on this form is considered public information and will be subject to Freedom of Information Act requests.