

# SECORD TOWNSHIP 2026 MOSQUITO ABATEMENT PROGRAM

## Mosquito Abatement Program Consists of Seven Key Elements

1. Early spring surveying in the township to locate potential mosquito breeding habitats.
2. Testing and monitoring of any known sites that have standing water for the presence of mosquito larvae.
3. Larvicide treatment of standing waters, ditches, and woodland pools that test positive for mosquito larvae.
4. Adult mosquito surveillance and monitoring using an extensive array of New Jersey Light Traps (NJLT) and CDC Traps. The number of adult female mosquitoes in the traps will be monitored two days a week. Only female mosquitoes bite. In addition, a sampling of mosquitoes found in the traps will be tested for West Nile Virus on a periodic basis.
5. A truck-mounted short-lived adulticide spray will be applied to knock down the mosquitoes at dusk, weekly, weather permitting. This type of application is defined as a space treatment that uses an Ultra Low Volume (ULV) machine. The chemical used for this treatment is Kontrol 4-4. The active ingredients are Permethrin 4.6% and Piperonyl Butoxide Technical 4.6%. There is no re-entry restriction listed with this product.
6. In the event disease-carrying mosquitoes are found in any area of the township, a total comprehensive adulticide spraying application will occur.
7. If you are pregnant, have health concerns, asthma, allergies, emphysema, or compromised immune systems because of chemotherapy or other medications, or environmental concerns: call Rose Pest Solutions at 1-800-437-6938, E-Mail them at [mosquito@rosepest.com](mailto:mosquito@rosepest.com), pick up a form at the township hall, or visit the township's website [www.secordtownship.org](http://www.secordtownship.org) to get:
  - **Shut-Off List** – to have the adulticide spray shut off in front of your property.
  - **Notification List** – to know when there will be adulticide spraying in your area, so you are able to close doors and windows and bring your pets inside.



**IMPORTANT!**

## ROSE PEST SOLUTIONS

Municipal Mosquito Coordinator: Hunter Kerry  
District Supervisor: Melanie Krueger

2906 Nodular Drive  
Saginaw, MI 48601  
Phone: (989) 754-1489  
1-800-437-6938

**24-HOUR INFORMATIONAL HOTLINE**  
**1-800-437-6938**

[www.rosepestsolutions.com](http://www.rosepestsolutions.com)

- *Adulticide Spraying Applications*
- *Up-to-date West Nile Virus Testing*
- *To report potential breeding areas off your property*
- *General information*

## Township Officials

Supervisor:	Joel Vernier
Clerk:	Kris Panetta
Treasurer:	Christine Grace
Trustee:	Maria Alward
Trustee:	TBD

**Physical Address** Secord Township 1507 Secord Dam Rd Gladwin, MI 48624  
Phone:989-426-7445 Fax:989-426-3232 EMAIL: [supervisor@secordtwp.com](mailto:supervisor@secordtwp.com)



**SECORD TOWNSHIP  
MOSQUITO ABATEMENT  
2026 SHUTOFF / NOTIFICATION REQUEST FORM**

Complete the form below and send to Rose Pest Solutions by:  
Mail: 2906 Nodular Drive, Saginaw, MI 48601 Email: [mosquito@rosepest.com](mailto:mosquito@rosepest.com) Fax: (989) 754-3785

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please include me on the following - check appropriate box(es):**

- SHUTOFF LIST** – Please have the adulticide spray shut off in front of my property.
- NOTIFICATION LIST** – Please notify me when adulticide will be sprayed in my area so I can close doors, windows and bring my pets inside.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This request form is only valid for the current 2026 mosquito season.

The Shutoff Notification Request form must be submitted annually,  
by the current resident, to keep your information up-to-date and accurate .

**THIS IS THE ONLY FORM ACCEPTED FOR SHUTOFF/NOTIFICATION REGISTRY**



# SECORD TOWNSHIP MOSQUITO ABATEMENT

## 2026 PROPERTY INSPECTION & TREATMENT FORM

Complete this form and email to Rose Pest Solutions at [mosquito@rosepest.com](mailto:mosquito@rosepest.com). If there are any questions, contact Rose Pest Solutions at either: 989-754-1489, or [mosquito@rosepest.com](mailto:mosquito@rosepest.com).

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, I would like to participate in the 2026 Secord Township Mosquito Abatement Program.

\_\_\_\_ Please contact me to schedule an appointment.

\_\_\_\_ No appointment is necessary, please include me in your Township schedule.

I give Rose Pest Solutions permission to enter my property if I am not home: \_\_\_\_ Yes \_\_\_\_ No

I give permission to have larvicide/pesticide applied to my property if necessary: \_\_\_\_ Yes \_\_\_\_ No

Do you have an outside pet? \_\_\_\_ Yes \_\_\_\_ No

Do you have standing water on your property? \_\_\_\_ Yes \_\_\_\_ No

*Please check for any containers that can hold water such as flower pots, boats, buckets, tires, inflatable pools and toys. These small reservoirs can produce many mosquitoes. Please empty all standing water and remove or cover any containers if possible.*

**CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR PROPERTY**

YOUR PROPERTY		NEIGHBORING PROPERTY
_____	Woods	_____
_____	Pond / Lake / Swamp	_____
_____	Ditch	_____
_____	Other	_____

	Describe "Other"	
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**Special Instructions**

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