FRANKLIN COUNTY

BOARD OF COUNTY COMMISSIONERS

REVISION DATE
JULY 2026

FRANKLIN COUNTY MOSQUITO CONTROL

MOSQUITO COMPLAINT REQUEST

Use this form to report mosquito activity or suspected mosquito breeding areas within Franklin County. Information provided will assist Mosquito Control in evaluating conditions and determining whether additional surveillance or treatment is warranted.

1. CONTACT INFORMATION

Name: **Phone:**

Address:

City: **State:** **ZIP:**

Email:

2. COMPLAINT INFORMATION

Date: **Approximate time:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Night

Type of problem (check all that apply):

☐ Heavy mosquito activity ☐ Standing water ☐ Daytime biting mosquitoes

☐ Evening/night biting mosquitoes ☐ Suspected breeding area ☐ Other

Location (Area) of complaint:

Nearest intersection or landmark:

Subdivision/community:

Description of problem:

3. ADDITIONAL INFORMATION

Standing water nearby: ☐ Yes ☐ No **If yes, where?**

Recent conditions: ☐ Heavy rainfall ☐ Flooding ☐ High tides ☐ Other

Additional comments:

OFFICE USE ONLY

Complaint number: **Date received:** **Received by:**

Inspector assigned: **Inspection date:** **Action taken:**

Complaint closed: ☐ Yes ☐ No **Date closed:**

Notes: