Dr. Robin Williams, M.D., D.P.H., F.R.C.P.(C)
Medical Officer of Health
Niagara Region Public Health
P.O. Box 1052, Station Main
Thorold ON L2V 0A2

Dear Dr. Williams:

As the property owner/occupant of:

_____

(**PLEASE PRINT: (Street) (City) (Postal Code)**

in the Municipality of _____ in the region of Niagara, Ontario, I/we authorize access to the ***municipally owned*** catch basin located on this property by the licensed pest control operator contracted by the Niagara Region Public Health, for the treatment of mosquitoes that are potential carriers of West Nile Virus.

The catch basin is located at:

_____

(description of basin location in backyard; you may attach a diagram for clarification)

It is my/our understanding that Integrated Pest Management strategies are being implemented to control the risk of illness caused by the West Nile Virus and that a larviciding program is a necessary response to reduce the burden of illness within the region of Niagara.

In consideration for having my/our **municipally owned** catch basin treated, I/we also release The Regional Municipality of Niagara and its employees and agents (collectively, "Public Health") from all liability in respect of losses, costs, damages, or injuries (including death)(collectively, "claims") from the access granted herein, except claims resulting from the negligence of Public Health.

Signed,

_____ _____ **Phones:**

Signature of Property Owner/ Occupant Date Home:_____

Work: _____ ext #____

Cell: _____

_____

Printed Name of Property Owner/ Occupant

PLEASE NOTE:

ONLY MUNICIPALLY OWNED CATCH BASINS WILL BE TREATED

THERE MUST BE CLEAR AND SAFE ACCESS TO THE CATCH BASIN

Indicate with a check mark (✓) if applicable:

□ Locked Access/phone prior □ Dog in yard/phone prior □ More than 1 catch basin (____)