

## CONSEQUENCES OF WITHDRAWING FROM THE PROGRAM

Withdrawing your property from the program may cause your neighbors' properties to be removed also, since a 250-foot buffer must be left around your property to ensure accuracy. In practice, your withdrawal could result in your entire neighborhood being withdrawn from the program. Even if your property is withdrawn, aircraft spraying nearby properties may still cross your property.

If **spongy moths are not controlled, they may:**

**weaken or kill your trees and those of your neighbors, especially when combined with effects of recent droughts.**

**cause allergic reactions in many family members and neighbors who are allergic to the caterpillars themselves and the dust from their droppings.**

**become a nuisance by crawling on your house and through your yard and littering porches, walkways, and driveways with leaf fragments and droppings.**

**Increase the numbers on your trees and become a bigger problem in coming years.**

If you withdraw from the MDA program, your neighbors may decide to hire private tree sprayers, who may spray more frequently and use more potent pesticides. Ground spraying of adjacent properties may increase your exposure to a variety of pesticides not used in the state program.

## WITHDRAWAL FORM

Property Owner(s) Name(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Property Address \_\_\_\_\_

\_\_\_\_\_ (If different), \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Tax Account Number \_\_\_\_\_ Spray Block Number \_\_\_\_\_

I have read all the Information on this form.

I wish to have my property treated **by MDA's** Spongy Moth Suppression Program.

I agree to remain in the program on the condition that I will be personally Informed by telephone at least 24 hours in advance of the application. I understand that I must provide phone numbers where I can be reached during day and evening hours so that a program representative can attempt to contact me. I also agree to contact the program to update my status each year that I receive a spray notification.

I object to having my property sprayed to suppress spongy moths and want my property withdrawn from the program. I agree to all conditions and assume responsibility for all the consequences of withdrawing my property. I understand that my property (and the property of my nearby neighbors) will continue to be excluded in the coming years until I notify the MDA otherwise.

Signature (s) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening/Weekend Phone \_\_\_\_\_

### FOR OFFICE USE ONLY

The following are my reasons for withdrawing from the program:

The information on reasons for withdrawing is confidential and is only being collected to enable the state to evaluate and summarize public concerns with the program. The reasons for your withdrawal will not become part of the public record; however, the fact of *your* withdrawal from the program, by law, must be released to anyone who requests the information.

Mail form to MDA FPM, 50 Harry S Truman Pkwy, Annapolis, MD 21401 or email to [fpm.mda@maryland.gov](mailto:fpm.mda@maryland.gov) by April 1