MOSQUITO POOLS SUBMITTED TO UCD - 2005

DATE RECD. BY UCD _____

DATE TESTED _____

BULLETIN NO. _____

AGENCY CODE: ___ ___ ___ ___

AGENCY_____

Point of Contact _____ **Telephone Number** _____

E-mail Address _____

SITE CODE	POOL NO.	SITE NAME	DATE	TRAP TYPE	MOSQ. SPECIES	# IN POOL	WEE	SLE	WNV

Form MBVS-3 (Revised 12/19/2002)