



PO Box 614 Kununurra 6743  
20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

# Mosquito Nuisance Complaint Form

This form is to be used for complaints regarding mosquito nuisance. The information you provide will assist officers in identifying the breeding site of the mosquitoes, so please provide as much detail as possible.

All personal details will remain confidential. An Environmental Health Officer may need to contact you to confirm details of your complaint. You will be advised of the outcome of your complaint as soon as possible.

## 1. COMPLAINANT

Full name			
Postal address			
Residential address			
Phone number		Email	

## 3. NATURE OF COMPLAINT

In which location/s have you noticed biting mosquitoes (please provide street address/es)?
Mosquitoes breed in standing water; can you identify any potential mosquito breeding areas near this location? Examples include neighbouring properties with lots of containers (buckets, tyres etc.), disused swimming pools, unsealed septic tanks or stormwater drains.
At what time of day have you noticed mosquitoes biting (dusk, dawn, night, all day)?
Additional information:

Complainant Signature

Date / /

### OFFICE USE ONLY

Date Received

Document No

File

PH.10.5

Officer