

Solano County Mosquito Abatement District

Address: 2950 Industrial Court

Fairfield, CA 94533

Phone: (707) 437-1116

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solmad@solanomosquito.com

WAIVER OF RIGHT TO HEARING BEFORE THE BOARD OF TRUSTEES

I am the owner or authorized representative of the owner of the real property within the Suisun Marsh commonly known as:

NAME OF DUCK CLUB

DUCK CLUB NUMBER

CONTACT NAME: _____

PHONE NUMBER: _____

California Health and Safety Code section 2060 et seq. requires that the Board of Trustees of the Solano County Mosquito Abatement District ("SCMAD") hold a properly noticed hearing to determine whether a public nuisance exists on a property within its jurisdiction and to order the abatement of such nuisance. If SCMAD orders the abatement of the nuisance and the property owner fails to do so, SCMAD may take the necessary actions to abate the nuisance and order the property owner to pay for the costs of the SCMAD's actions.

I understand and agree that if SCMAD finds it necessary to aerially apply pesticides to the above-described property during the year 2026 SCMAD may recover from me all costs related to such application without conducting a properly noticed hearing before the SCMAD Board of Trustees prior to the application of the pesticides.

I HEREBY WAIVE THE RIGHT TO A HEARING BEFORE THE SCMAD BOARD OF TRUSTEES PRIOR TO THE AERIAL APPLICATION OF PESTICIDES TO THE ABOVE-DESCRIBED REAL PROPERTY AND AGREE THAT UNLESS I REQUEST A HEARING AS SET FORTH HEREIN BELOW, COMMENCING ON THE THIRTY-FIRST DAY AFTER THE APPLICATION, SCMAD MAY TAKE ACTION TO COLLECT SAID COSTS AS IF SUCH A HEARING HAD OCCURRED AND AN ABATEMENT ORDER ISSUED.

Within 15 days of the application of pesticides to the subject property, SCMAD shall notify the above contact of their right to file a written request for a hearing before the SCMAD Board of Trustees prior to SCMAD taking any action to recover pesticide application related costs. I further understand that such a request must be in writing and received by SCMAD within 15 days from the date of mailing of the notice of application.

DATED: _____

SIGNATURE: _____

TITLE: _____