



**GALVESTON COUNTY MOSQUITO CONTROL DISTRICT**

5115 HWY 3  
DICKINSON, TEXAS 77539

**JOHN G. MARSHALL, JR**  
**DIRECTOR**  
281-337-4289

**ADVISORY BOARD**  
Jerry Valentine, Chairman  
James Frederickson, Vice Chairman  
Barbara Hutchinson, Secretary  
Leo Bookman  
Keith A. Dill

February 9, 2024

Diana Stapp, City Secretary  
City of League City  
300 West Walker  
League City, TX 77573

Dear Ms. Stapp:

As providers of the county funded Mosquito Control Program, we are requesting your approval of the enclosed resolution authorizing the aerial spraying for mosquitoes. The Federal Aviation Administration requires us to make a request on a yearly basis. This request does not imply any change in our operations.

It would be greatly appreciated if a copy of the approved and signed resolution be returned, to my office. This resolution may be mailed to 5115 Hwy. 3, Dickinson, TX 77539, faxed to (409)-621-7973 or e-mailed to [gerrie.elmore@co.galveston.tx.us](mailto:gerrie.elmore@co.galveston.tx.us).

If you have any questions or concerns please do not hesitate to contact my office at (281) 337-4289.

Sincerely,

  
Gerrie Elmore, Administrative Assistant  
Galveston County Mosquito Control

Enclosure

**R E S O L U T I O N**

**STATE OF TEXAS** )

**COUNTY OF GALVESTON** )

**WHEREAS,** The Galveston County Mosquito Control District is responsible for the operation of the county-wide Mosquito Control Program, and

**WHEREAS,** The Federal Aviation Administration has indicated that governmental approval is necessary to provide aerial spraying services over the territories of general purpose governments,

**NOW, THEREFORE BE IT RESOLVED,** that this body approves the aerial spraying over its territory for the abatement of mosquitoes providing such spraying is conducted within the regulations and constraints of The Federal Aviation Administration, The Environmental Protection Agency, and other authoritative federal and state agencies.

Signed at \_\_\_\_\_, Texas,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
A.D.

\_\_\_\_\_

**ATTEST:**

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