

Title, First, Middle, Last  
Number, street, apartment  
City, state, zip  
Telephone (optional)

Title, First, Middle, Last  
Organization  
Number, street, office  
City, state, zip

RE: Swarms of biting black-fly gnats

Dear Title, name;

Describe yourself briefly, a resident of (city, county), family, neighborhood, how long you have lived in the area, home value.

Describe your experiences with black flies briefly, as to health, quality of life, effects on children, pets, your attitude to the area.

Describe quality of life, living in the area, entertaining guests, maintaining property, operating a business

Describe injuries to eyes, mouth, nose, skin; frequency; severity; medications; doctor visits; contamination of food

Describe any insecticides you use, frequency of spraying, how long they are effective

Name the person the letter is addressed to, indicate that public officials should allocate funding, get involved with controlling and eradicating black fly.

Sincerely yours,

Print your name

Sign legibly