

Area Wide Management Psyllid Control Program

Dormant Spray Reporting Form

(If you have citrus in Zones 1 & 2, please complete a form for each zone separately)

Grower/Grove Manager Name: _____

Contact Phone #: _____

Date(s) of Treatment: _____

Are you in Zone 1 or Zone 2: _____

Total Acres Treated: _____

Method of Application: _____

Tree Type (Grapefruit, Orange, etc): _____

TCM greatly appreciates your help in self-reporting treatment information.
Please submit your information by one of the following methods:

- Email: Martha@valleyag.org
- Fax: (956) 584-3307
- Phone in: Martha (956) 584-1772
- Mail:

Texas Citrus Mutual
Attn: Martha Trejo
901 Business Park Dr.
Suite 400
Mission, TX 78572