

April 19, 2024

Municipality of Tweed  
CAO/Clerk-Treasurer  
Postal Bag 729  
255 Metcalf St.  
Tweed, ON K0K 3J0

This letter is to request your support for our West Nile Virus Preparedness and Prevention Plan 2024. Hastings Prince Edward Public Health will, as a contingency measure, be applying to the Ontario Ministry of Environment, Conservation and Parks for pesticide permits, should there be a need to carry out mosquito larviciding activities within the municipalities in our Public Health jurisdiction.

In order to obtain these permits, we require a letter of support from the municipalities in our area as soon as possible so that Public Health is in a position to apply for the pesticide permits and carry out control measures if necessary. Acquiring your approval is a precautionary measure as the use of biological larvicide will only be considered when there is clear evidence of West Nile virus activity in the community and there is high risk of human exposure. Additionally, a risk management plan has been approved by Quinte Conservation in compliance with the local source water protection plan.

Public Health will notify the municipality in advance of any use of larvicide and will also post a public notice in a local newspaper advising residents of the work.

We look forward to receiving your letter of support. A sample letter with suggested wording has been enclosed for your convenience.

If you have any questions regarding this matter, please contact me at 613-966-5500 extension 249.

Regards,



Bill Sherlock, BScN  
Program Manager  
BS/df

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APR 26 2024  
MUNICIPALITY OF TWEED  
PER.....

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To: Hastings Prince Edward Public Health  
179 North Park Street  
Belleville, ON K8P 4P1

Fax: 613-968-1461  
Email: [ehfax1@hpeph.ca](mailto:ehfax1@hpeph.ca)

Date: \_\_\_\_\_

Attention: Mr. Bill Sherlock, Program Manager

This is to advise that the Municipality/Town/City of \_\_\_\_\_  
supports the efforts of Hastings Prince Edward Public Health to reduce the risk of  
West Nile virus illness in our area.

Furthermore, the Municipality/Town/City of \_\_\_\_\_  
gives permission to Hastings Prince Edward Public Health to carry out larviciding  
activities to prevent and/or control West Nile virus in our area, if deemed  
necessary.

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Name PRINT

\_\_\_\_\_  
Title

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