

Gerrish and Lyon Township Swimmer's Itch Task Force  
Your input will help us seek a solution

Name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Local Resident: Y/ N

Date of Contact: \_\_\_/\_\_\_/\_\_\_ Location of contact: N / S / E / W  
OR Name: \_\_\_\_\_

Severity (1-10; 10 being the most extreme): \_\_\_\_\_

Relief sought by drug store remedy: Y/ N

If yes, what was it? \_\_\_\_\_

Did it help? Y/ N

Was medical help needed? Y/ N

Did you use lotion or preventative cream before swim? Y/ N

If yes, name of lotion/cream used: \_\_\_\_\_

Would you swim in Higgins Lake again? Y/ N

If visitor, would you return to Higgins Lake again? Y/ N

Would you support lethal merganser control? Y/ N

Additional comments:

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Thank you for your feedback!