

Northwoods Cooperative Weed Management Area (NCWMA) Landowner Permission Form for Weed Treatment

Please fill out this section and sign at the bottom:

Landowner name(s): _____

Mailing address: _____

Property location(s): _____

Daytime telephone: _____

Email address: _____

Tenant name (if applicable): _____

Tenant telephone: _____

Comments or special instructions regarding access to your property (steep slopes, animals, gates, fences, etc.):

The purpose of this document is to:

1. Authorize the members of the NCWMA or its contractor(s) to enter or cross the private property at times agreeable to the landowner for treatment of targeted weed species.
2. Members of the NCWMA will conduct treatment of targeted weed species using best management practices. These may include mechanical and chemical methods. Herbicide treatment will be handled by trained individuals.
3. The NCWMA and its members agree to hold landowners harmless for all claims, suits, or actions whatsoever resulting from this cooperative agreement and to absolve landowners from all liabilities related to actions conducted by the NCWMA.
4. The landowner grants permission for 5 years or until formally revoked, either orally or in writing. Permission is also granted for project monitoring by the NCWMA and its members.
5. This agreement shall be effective upon the signature of all the parties listed below.

Printed name of cooperating landowner

Signature of cooperating landowner

Date

Printed name of NCWMA representative

Signature of NCWMA representative

Date