

Owner Consent for Black Swallow-Wort Treatment 2021

Complete form digitally at <https://forms.gle/1YeMNHQ8wWsPb5r6>



OR

Return completed form below to: CAKE CISMA via email cakeisst@gmail.com

or postal service: CAKE CISMA, 4820 Stover Road, Bellaire MI 49615

For questions, phone: 231-533-8363 ext. 5

Property owner name(s): _____

Mailing address: _____

Property location (address/GPS coordinates and parcel ID number):

Daytime phone number(s): _____

Email address: _____

Tenant name (if applicable): _____ Phone: _____

Special Instructions Regarding Property Access (landscape features, animals, gates, preferred access times, etc.):

1. The property owner authorizes the Charlevoix, Antrim, Kalkaska, and Emmet Counties Invasive Species Management Area (CAKE CISMA) or its authorized contractors, to enter and cross the above-described property for the purpose of controlling Black Swallow-Wort with the application of formulation(s) of the herbicide, triclopyr, as approved by the State of Michigan.

This treatment is cost-free to the property owner(s) for the year 2021. All necessary permits will be acquired by CAKE CISMA or its authorized agents /contractors. The property owner will be notified at least 48 hours prior to the planned application.

2. The undersigned owns the property and has the requisite authority to grant the authorizations provided in this document and to sign this document without the need for approval from any other party, or if any such approvals are needed, they have been obtained.

The undersigned acknowledges that he/she has read and agrees to the terms stated above.

x _____
Printed name of property owner Signature Date

x _____
Printed name of property owner Signature Date