

PERMISSION TO TREAT PHRAGMITES 2009-2010

Name \_\_\_\_\_

Property Location (Beach or or common name) \_\_\_\_\_

Property address: \_\_\_\_\_

Phone Number in AUGUST \_\_\_\_\_

Email \_\_\_\_\_

Check all that apply:

I give permission for Lake Charlevoix Association((LCA) to inspect my property for Phragmites annually

I understand that I have Phragmites on my property

I give consent to LCA and its agents to treat during 2009-2010

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Please mail the signed form to:

Lake Charlevoix Association P.O. Box 294. Charlevoix Michigan 49720