

PERMISSION
TO TREAT PHRAGMITES

Print Name _____

Official owner's name (incl. Trust) _____

Property Address _____

Location on Lake, roads, point, association, etc.

Names of your two waterfront neighbors.

Phone #'s where you can be reached in **August**

Please initial one of the following:

_____ I give the Lake Charlevoix Association and its assigns permission to survey and treat Phragmites on my property.

_____ Permission denied.

Signature _____

Date _____

Thank you.

LCA Property ID# _____ (if known)

Please complete this form and mail ASAP to:

Lake Charlevoix Association

PO Box 294

Charlevoix, MI 49720