



**PERMISSION TO SURVEY AND/OR TREAT
PRIVATE PROPERTY FOR *PHRAGMITES AUSTRALIS*
SUMMER/FALL 2010**

6042 Acme Road, Williamsburg, MI 49690 Tel. 231-938-1350 Fax 231-938-1510 www.acmetownship.org

If there is more than one property owner, please have all owners sign. Thank you!

I/we hereby give consent to have my/our property surveyed for *Phragmites australis*.

(Please initial - do not check) _____ 2010, _____ 2011, _____ 2012.

I/we hereby give consent to treat *Phragmites australis* on my/our property with herbicide

(Please initial - do not check) _____ 2010, _____ 2011, _____ 2012.

_____ I am/we are currently working with a private contractor for *Phragmites australis* control.

_____ I/we are interested in helping with the *Phragmites australis* survey.

Please contact us at: _____ (phone)

Or _____ (e-mail) with details on how we can help.

_____ Donation for phragmites control efforts only (Make Check payable to Acme Township)

_____ 28-01-_____
Property Address Parcel ID (s)#

Name of Association (if shared waterfront): _____

Owner 1 signature Owner 1 Printed Name Date

Owner 2 signature Owner 2 Printed Name Date

Owner 3 signature Owner 3 Printed Name Date

Mailing Address for property Phone

E-mail address (es) _____

May we also add you to the e-mail list for the bi-weekly township newsletter? Yes___ No___

THANK YOU FOR YOUR PROMPT RESPONSE TO THIS REQUEST!