



# ALGER CONSERVATION DISTRICT

helping you manage your natural resources

## 2024 LANDOWNER PERMISSION FORM | INVASIVE SPECIES TREATMENT

Landowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

I authorize, (print name) \_\_\_\_\_ Date: \_\_\_\_\_

Permission for Alger Conservation District and Partners to perform manual invasive species removal on my property

Permission for Alger Conservation District and Partners to perform herbicide treatment for invasive species on my property

Please notify me before treatment

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**Landowner Signature**

**Date**

\*\*This permission is valid for 5 years and expires on December 31<sup>st</sup>, 2029.