



Aquatic Nuisance Plant Control

NORTHERN DIVISION

3930 Perry Holt Rd., West Branch, MI 48661-9559 Phone & Fax: (989) 345-7574
visit us at: www.aquaticnuisanceplantcontrol.com

Dear Lakefront Property Owner:

This letter is to inform you that either your lake association or neighbor, or a group of area residents has contracted with this company for lake management services. To comply with D.E.Q. permit requirements we need your permission as a property owner to treat aquatic plants and/or algae or for the control of Swimmer's Itch on your waterbody/slip frontage with aquatic herbicides/algaecides. We also need to know the depth of your drinking water well and its distance to the nearest shoreline of the waterbody. Please completely fill out only **one** side of the form below and return it to the address above unless being collected by an association representative. Thank you for carefully considering this matter.

PLEASE FILL THIS OUT ONLY IF YOU OWN OR HAVE DEEDED ACCESS TO LAKEFRONT PROPERTY! We cannot treat your lot(s) without receiving this slip!

PLEASE RETURN THIS FORM WHETHER YOU AGREE TO TREATMENT OR NOT.

If you need more information, please call the number above.

(Detach form below - Return bottom portion)

YES	NO
I do agree to the treatment of my lake/slip frontage by Aquatic Nuisance Plant Control/Northern Division.	I do not agree to the treatment of my lake/slip frontage.
Date: _____ thru: _____	Date: _____ thru: _____
Lake: _____	Lake: _____
County: _____ Twp.: _____	County: _____ Twp.: _____
Signature	Signature
Print Name	Print Name
Subd. Name, Lot # and Lot Size	Subd. Name, Lot #, Lot Size
Lake Address	Lake Address
Mailing Address	Mailing Address
Drinking water well depth: (circle one) greater than 30 feet? Yes or No 30 feet or less? Yes or No Distance to nearest shoreline: _____ feet Municipal Water Supply? Yes or No Indicate if well info. has been previously provided.	Drinking water well depth: (circle one) greater than 30 feet? Yes or No 30 feet or less? Yes or No Distance to nearest shoreline: _____ feet Municipal Water Supply? Yes or No Indicate if well info. has been previously provided.