

I authorize the herbicide treatment of Curley Leaf Pond Weed and/or Eurasian Water Milfoil within 150 feet of my ( [circle one] Big Mitchell ) Lake shoreline during 2012. I have the right to change my authorization at any time by contacting the Minnesota Department of Natural Resources in Little Falls, MN.

Circle One - Yes, treat No, do not treat

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

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I authorize the herbicide treatment of Curley Leaf Pond Weed and/or Eurasian Water Milfoil within 150 feet of my ( [circle one] Big Mitchell ) Lake shoreline during 2011. I have the right to change my authorization at any time by contacting the Minnesota Department of Natural Resources in Little Falls, MN.

Circle One - Yes, treat No, do not treat

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

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I authorize the herbicide treatment of Curley Leaf Pond Weed and/or Eurasian Water Milfoil within 150 feet of my ( [circle one] Big Mitchell ) Lake shoreline during 2010. I have the right to change my authorization at any time by contacting the Minnesota Department of Natural Resources in Little Falls, MN.

Circle One - Yes, treat No, do not treat

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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