

## Verification of Permission

I, the undersigned, have been notified that an aquatic vegetation / algae treatment will take place on \_\_\_\_\_ (lake name).

\_\_\_\_\_ I do give permission for my lake frontage to be treated.

\_\_\_\_\_ I do not give permission for my lake frontage to be treated.

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

Please Print Name: \_\_\_\_\_

Lake Address: \_\_\_\_\_ (road or P.O. Box)

\_\_\_\_\_ (City, State, Zip)

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

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

**Deadline to return this form to Aquatic Weed Control:** August 16, 2019

This permission slip is valid until revoked in writing.

Thank you for your time and response.

Please return to:

Aquatic Weed Control  
P.O. Box 325  
Syracuse, IN 46567  
574-533-2597

[jim@aquaticweedcontrol.com](mailto:jim@aquaticweedcontrol.com)