

Landowner Permission Form
for invasive species management activities



Please fill out this section and sign at the bottom:

Landowner Name(s): _____

Mailing Address: _____

Property Location(s): _____

Daytime Telephone: _____

Email Address: _____

Tenant Name (if applicable): _____

Tenant Telephone: _____

Comments or special instructions regarding access to your property (animals, gates, fences, etc.):

The purpose of this document is to:

1. Authorize the members of the Central Wisconsin Invasives Partnership (CWIP) or its contractor(s) to enter or cross the private property at times agreeable to the landowner for treatment of targeted weed species.
2. Members of CWIP will conduct treatment of targeted invasive species using best management practices. These may include mechanical, chemical, or biological methods. Herbicide treatment will be handled by trained individuals.
3. CWIP and its members agree to hold landowners harmless for all claims, suits, or actions whatsoever resulting from this cooperative agreement and to absolve landowners from all liabilities related to actions conducted by CWIP. Likewise, the landowners agree to hold CWIP and its members and partners harmless for all claims, suits, or actions whatsoever resulting from this cooperative agreement.
4. The landowner grants permission for 5 years or until formally revoked, either orally or in writing. Permission is also granted for project monitoring by CWIP and its agents.
5. This agreement shall be effective upon the signature of all the parties listed below.

Printed Name of cooperating landowner

Signature of cooperating landowner

Date

Printed Name of CWIP representative

Signature of CWIP representative

Date