



MD of PEACE No. 135 FALL FENCELINE SPRAY PROGRAM

The MD of Peace No. 135 Agricultural Service Board has approved the **Fall Fenceline Spray Program** to control Noxious Weeds along private fencelines. The MD will also continue with the existing program to control noxious weeds in the ditches adjacent to MD roads. Weed control work performed on fencelines adjacent to Municipal roads will be done on a first come first served basis at no charge.

Adjacent landowners must sign a release to have *ClearView+Overdrive*, *Truvist* or *Lontrel* sprayed along their fencelines for the control of Canada Thistle, Yellow Toadflax, Sow Thistle or Scentless Chamomile (Mayweed).

TO REGISTER for the Fall Spray Program please complete the following Release and return to:
MD of Peace No. 135, Attention: Agricultural Fieldman, Box 34, AB T0H 0E0 or fax to 780- 338-2222. Phone Nasar at 780-338-3845 or 780-219-4534 for more information.

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RELEASE

I hereby grant permission to MD of Peace No. 135 to spray *ClearView+Overdrive* along the fencelines adjacent to developed road allowances and/or fencelines completely bordered by private property for the control of Canada Thistle, Yellow Toadflax, Perennial Sow Thistle Scentless Chamomile (Mayweed). This permission shall include the right for MD of Peace No. 135 staff to enter my property for the purpose of performing such related work.

I understand that the chemical application may restrict the growth of certain plants and crops.

The fence line areas I wish sprayed are on the:

QUARTER	SECTION	TOWNSHIP	RANGE	MERIDIAN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

QUARTER	SECTION	TOWNSHIP	RANGE	MERIDIAN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** Please enclose a diagram of area(s) to be sprayed.**

I hereby agree to save harmless and indemnify MD of Peace No. 135, its employees and agents, from and against all actions, suits, claims and demands arising in any manner whatsoever from the treatment and control measures applied.

Date: _____ **Print Name:** _____

Mailing Address: _____

Signature of Owner: _____ Lessee Phone #: _____