



**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* and *Navius* 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 send to: **MD of Peace No. 135, Manager of Ag Services, P. O. Box 34, AB T0E 0E0** or fax **780- 338-2222**, Phone: **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, Tordon 22 K and Navius* 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), Canada Thistle. This permission shall include the rights 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 lines areas I wish sprayed are on the:

QUARTER	SECTION	TOWNSHIP	RANGE	MERIDAN

**\* 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.

_____	_____
<b>Print Name</b>	<b>Phone No.</b>
_____	
<b>Mailing Address</b>	
_____	
_____	_____
<b>Signature of Owner</b>	<b>Date</b>