

# CLAY TOWNSHIP PHRAGMITES MANAGEMENT PROGRAM 2014

## APPLICATION TO PARTICIPATE REV. 10-21-13

Clay Township Phragmites Advisory Board  
PO Box 429 Algonac, MI 48001, 810-519-2985  
[www.ClayTownship.org/Phragmites](http://www.ClayTownship.org/Phragmites)

I would like to be included in the Clay Township Phragmites Management Program 2014. By submitting this form along with a donation for \$25 made payable to "Clay Township" I am requesting to be included in the group applications for all permits required for managing the Phragmites infestation on my property during 2014. These may include permits for chemical treatment and/or mowing. The actual permits required for a particular property will vary by geographic location and conditions.

*(Permit Special Conditions – To be eligible to be included in the permits during 2014 this application must be submitted by Monday, June 9, 2014. You will be under no obligation to conduct the permitted treatments but the permits would allow you to do so if you choose to. The application for chemical treatments would be valid only during 2014 and if you choose to treat in future years you would need to renew your participation in the program or obtain your own permit directly from the State. If a mowing permit is required and you do choose to mow, the mowing permit would require the chemical treatment of the Phragmites. Mowing permits are issued for a five year period. If you already have a mowing permit valid for 2014 none will be obtained for your property this year. If you choose to treat or mow this year you are under no obligation to treat or mow in future years. Submitting this application is not an approval to proceed with chemical treatments or mowing. You must wait for your approval letters from Clay Township. Permits for burning are not included. If you wish to burn see our website at [www.claytownship.org/phragmites](http://www.claytownship.org/phragmites) for guidelines and contact the Clay Township Fire Department.)*

I understand that in order to participate in the program I must attend, or my representative must attend, a training workshop on Phragmites Management as established by the Township. *(Persons who attended a Clay Township Phragmites Management Workshop in 2012 or 2013 are not required to attend a workshop in 2014.)*

Enclosed is my donation of \$25, made payable to "Clay Township."

Applicant Signature \_\_\_\_\_ date \_\_\_\_\_

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

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address of treatment location \_\_\_\_\_

Property Identification Number (from tax bill) \_\_\_\_\_

Summer (June –September) Mailing Address, if different \_\_\_\_\_

\_\_\_\_\_

Winter (October-May) Mailing Address, if different \_\_\_\_\_

\_\_\_\_\_

Name, address, phone and email of representative, if you have one \_\_\_\_\_

\_\_\_\_\_ I, or my representative, attended a Clay Township Phragmites Management Workshop in 2012 or 2013.

\_\_\_\_\_ I would like to volunteer to help with the Clay Township Phragmites Management Program. Please contact me to discuss how I can help.