

Clay Township Phragmites Management Program

Application to Participate 2017

Clay Township Phragmites Advisory Board, P.O. Box 429, Algonac, MI 48001, 810-519-2985
www.ClayTownship.org/Phragmites

I would like to be included in the Clay Township Phragmites Management Program. By submitting this form, along with a donation of \$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 2016. 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 this current year, this application must be submitted by _____. 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 this year. 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 Phragmites. 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 www.ClayTownship.org/phragmites for guidelines or contact the Clay Township Fire Department.

As a first time applicant, I understand that in order to participate in the program I, or my designated representative, must attend a free training workshop on Phragmites Management as established by the Township Phragmites Advisory Board. (Active participants are asked to attend a refresher workshop every five years.)

Enclosed is my donation of \$25, (Check only) made payable to "Clay Township" to assist in covering administrative expenses concerned with permit compliance and management oversight. In signing this form, you agree to comply with the permit conditions and to hold Clay Township harmless in connection with treatment activities conducted under the permit. **MUST BE RENEWED ANNUALLY, NO EXCEPTIONS!**

Applicant Signature _____ Date _____

Printed Name _____

Phone Number _____ Email Address _____

Address of Treatment Location _____

Summer (June-September) Mailing Address _____

Winter (October-May) Mailing Address _____

Name, Address, Phone and Email of Designated Representative, if you have one _____

_____ I would like to Volunteer to help with the Clay Township Phragmites Management Program