

Lake County – Cooperative
No Spray Agreement

I _____ of _____ Road in Lake County, Montana have asked the Lake County Weed District to not spray the county right-of-way by my property. I also agree to get a doctor's written documentation of any chemical sensitivity. I agree to control the weeds on the county right-of-way, at my own expense, by either mowing or chemical treatments. I am also responsible for marking the borders of my property, each end, with a 1-foot by 1-foot sign only available at the Lake County Weed District. The signs read: "Co-Op Weed Control Agreement" and "No Spraying Between Signs". I understand that if I do not control the weeds within the area of the contract, that the County Weed District will control the weeds and I may be charged for the cost of labor, materials and equipment it takes to control the weeds. I also understand I am responsible for installing and maintaining the "CO-OP Weed Control Signs". This cooperative agreement is provided for under section 7-22-2153 MCA of the County Weed Control Act and the County Weed Management Plan. I also understand that the county or any department within the county is not liable for any injury I may sustain or cause to persons or property while I am in contractual agreement with the county. I also understand that this contract may be revoked at any time with (30) thirty days written notification. The Weed Board or Supervisor will then inspect to ensure that agreement has been followed; if found unsatisfactory, the agreement will be revoked and the land owner will receive written notification that the contract he has entered into with Lake County is no longer in effect, and he is no longer responsible for the right-of-way.

Legal Description of Property: T _____ S _____ R _____ Road name, number or description: _____
Noxious weeds present: _____

Signed and dated this _____ Day of _____ 20____ by,

Written Signature: _____

Please print following information

(Name of Land Owner): _____

P.O.Box, or Route address: _____

City, State and Zip: _____

Phone: (_____) - _____

Weed District Representative: _____