

This form supplied by the Minnesota Department of Agriculture for use by the

County of _____ Phone _____

Cooperative Weed Control Agreement

Instructions

Type or use black ink to print legibly. Upon completion and appropriate signatures, copies should be distributed to those individuals noted at the bottom of this form. This is a legally binding contract between all parties indicated on this form (MS 18.78, Subd. 3). The duration of this contract cannot exceed 3 years in duration. Failure to comply with this agreement will result in the issuance of an individual notice to control or eradicate noxious weeds.

Owner Name	Occupant/Public Official Name
Owner Address	Occupant/Public Official Address
Date	County

Legal Description of Land

Subdivision	Section/Block	Township/City	Range/Log
City/State/Zip	City/State/Zip		
Location of the noxious weeds and approximate land coverage			

We recommend that you incorporate along with your 20____, 20____, and 20____ cropping plans the following control programs for the above stated noxious weeds. Keep in mind the importance of sowing or planting the proper crop and using the correct method of weed control.

Signatures

Owner	Local Weed Inspector
Occupant/Public Official	Local Weed Inspector
County Agricultural Inspector	Local Weed Inspector