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

COUNTY OF:

PHONE:

INSPECTOR'S * NOTICE * no.1

Individual Notice to Control or Eradicate Noxious Weeds

INSTRUCTIONS: Using black ink, please write/print legibly. Upon completion and appropriate signatures, copies should be distributed to those individuals noted at the bottom of this form.

Minnesota Statutes Section 18.83, subdivision 2 (2009), provides for an individual notice to be served to person(s) named below requiring control or eradication of noxious weeds within the time and in the manner indicated. An appeal of the notice may be made but it must be done so in writing, and filed with the appeal committee in the county where the land is located within two working days of receiving the notice. Failure to comply with the notice is a misdemeanor and upon conviction, a fine of \$1000 and imprisonment of 90 days is possible. In addition, failure to comply means the weed inspector(s) serving the notice may hire the control or eradication work done and the costs may be entered as a tax lien upon the land and collected as other real estate taxes. An appeal of a tax lien may be made to the county board of commissioners within 30 days of such lien being filed

For more information about making an appeal, please call

DATE		COUNTY	MUNICI	PALITY	
By authority of	Minnesota Statutes Ch	apter 18, notice is	hereby given to		
OWNER			OCCUPANT O	OCCUPANT OR PUBLIC OFFICIAL	
OWNER ADDRESS			OCCUPANT OR PU	OCCUPANT OR PUBLIC OFFICIAL ADDRESS	
to control or eradicate before, 20, all noxious weeds in and upon the following described land in the manner indicated. After that date, the weed inspector having jurisdiction may hire the control or eradication work done.					
kind(s) of noxic	DUS WEED(S):				
AND NOXIOUS WE NOTE: Repeat cont	EED TO BE CONTROLLED O	R ERADICATED, OR	N, BIOLOGICAL CONTROL OR TREAT WIT	·	
SUBDIVISION	SECTION/BLOCK		TOWNSHIP OR CITY	RANGE/LOT NUMBER	
×	1				
SIGNATURE			INSPECTOR FOR	PHONE	
			INSPECTOR FOR	PHONE	
SIGNATURE			INSPECTOR FOR	Phone	

ONE COPY: OWNER • ONE COPY: INSPECTOR(S) • ONE COPY: APPEAL COMMITTEE • ONE COPY: FILE WITH STATEMENT OF COST

In accordance with the Americans with Disabilities Act, an alternative form of communication is available upon request. TDD: 1-800-627-3529. MDA is an equal opportunity employer and provider. www.mda.state.mn.us