

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

COUNTY OF:

PHONE:

Cooperative Weed Control Agreement

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. 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	OWNER ADDRESS
OCCUPANT/PUBLIC OFFICIAL NAME	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.

OWNER SIGNATURE	LOCAL WEED INSPECTOR SIGNATURE
OCCUPANT/PUBLIC OFFICIAL SIGNATURE	LOCAL WEED INSPECTOR SIGNATURE
COUNTY AGRICULTURAL INSPECTOR SIGNATURE	LOCAL WEED INSPECTOR SIGNATURE

ONE COPY: PERSON SERVED • ONE COPY: COUNTY AGRICULTURAL INSPECTOR(S) • ONE COPY: TOWNSHIP OR CITY CLERK