

Lower Herring Lake Association
Riparian Member Lake Treatment Permission Slip

⇒ First / Last Name: _____

⇒ Permanent Mailing Address:

⇒ Summer Phone #: _____

(Please check) I understand that I give approval by completing this
Lake Treatment Permission Slip

I hereby give permission to PLM Lake & Land Management Corp to treat my lake/river frontage to control aquatic plants and/or algae. I hereby give permission for PLM Lake & Land Management Corp to access my property and treat for emergent vegetation including Phragmites, Purple Loosestrife, etc. In addition, I will remove any restriction sign at the conclusion of the longest stated time. I may relinquish this approval in writing sixty (60) days before treatment of my property and understand that I am giving permission indefinitely or until relinquished. Signing this form does not obligate me to pay for services unless a contractual agreement has been signed.

⇒ PROPERTY ADDRESS _____

⇒ LOCATION ON LAKE _____

⇒ (PRINT NAME) _____

⇒ (SIGNATURE) _____

⇒ (DATE) _____

*(At time of treatment a dated sign will be posted advising you to stay out of the water for 24 hours.)

Send the completed form to: lowerherringla@gmail.com

or mail to: LHLA, PO Box 11, Frankfort, MI, 49635

Renew (and/or update any changes to) your annual membership online at:

<https://www.lowerherringlakeassociation.org/giving>