



Permission for Invasive Species Management Activities

Please fill out this section and sign at the bottom:

Authorized Official/Land Manager name(s): _____

Mailing address: _____

Telephone: _____ Email address: _____

Entity: _____ Preferred way for us to contact you: _____

Project Contact and phone (if applicable): _____

Information regarding location(s) of the invasive species:

Address/GPS point (if different from mailing): _____

(Additional Locations May Be Listed On Back of Sheet)

County: _____ Invasive Species of Concern: _____

Comments or instructions regarding your property (how to access, steep slopes, animals, would like to be present, times to avoid, etc.): _____

By signing this form, all parties agree to:

1. Authorize members of Barry Conservation District, BCK CISMA, the strike team, and/or its contractor(s) to enter this property and at times agreeable to **the Entity** for management and monitoring of targeted invasive species.
2. Members of Barry Conservation District, BCK CISMA, and the strike team will conduct treatment of targeted invasive species using best management practices and will follow all applicable state and federal regulations. Any treatment will be discussed and approved by **the Entity**. The BCK CISMA Strike Team is administered by Barry Conservation District (BCD). All BCK CISMA dedicated staff are employees of BCD, therefore pesticide application business license, permits and insurance are held by BCD.
3. Barry Conservation District, BCK CISMA, its agents, partners, and members agree to hold **the Entity** harmless for all claims, suits, or actions whatsoever resulting from this cooperative agreement and to absolve the Entity from all liabilities related to actions conducted by BCK CISMA/Barry Conservation District. Likewise, **the Entity** agrees to hold Barry Conservation District, BCK CISMA, its agents, partners, and members harmless for all claims, suits, or actions whatsoever resulting from this cooperative agreement.
4. **The Entity** grants permission for up to five years or until formally revoked, either orally or in writing.
5. If an email is provided above, **the Entity** grants permission for treatment documentation to be sent electronically unless otherwise specified in the comments section above.
6. **The Entity** will pay for treatment at or within 30 days of treatment. Unless covered by a grant. Failure to pay in a timely manner may result in late fees. The next year's treatment may be delayed, until the previous balance is paid.
7. This agreement shall be effective upon signature of the Authorized Official and BCK CISMA Coordinator:

Authorized Official:

| | | |
|--------------------|-----------|-------|
| _____ | _____ | _____ |
| Printed Name/Title | Signature | Date |

BCK CISMA Coordinator:

| | | |
|--------------|-----------|-------|
| _____ | _____ | _____ |
| Printed Name | Signature | Date |

CISMAs are funded by the State of Michigan (MISGP). Learn more at Michigan.gov/invasives.

Any charges for services will be discussed and agreed upon with the entity prior to the work.