

*Please submit your completed application to the attention of the Lac Ste. Anne County Agricultural Services department at the address indicated in the footer.*

**APPLICANT CONTACT INFORMATION**

Full name of landowner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town/hamlet/village: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

Rural address: \_\_\_\_\_ Division: 1 2 3 4 5 6 7

**APPLICANT DECLARATION**

I/We, \_\_\_\_\_ *[name of owner(s) or agent]*, being the registered owner(s) or agent in control of the following lands:

QT	SEC	TWP	RGE	WSM	PRESENT CROP	ADJACENT USES/CROPS

\_\_\_\_\_ *(initial)* Hereby acknowledge that I/we am/are aware that Lac Ste. Anne County will be performing fence line brush spraying along the right-of-way of the said lands to apply herbicide on properties owned by myself, or where I am the agent in control of the property, in the area of approximately 1 meter from my fence line bounded by developed county road allowances for the control of Prohibited Noxious and/or Noxious weeds and deciduous brush species. This permission shall include any and all access to the subject properties necessary to complete the operations.

\_\_\_\_\_ *(initial)* I also understand and acknowledge that the products proposed for application may restrict the growth of sensitive species (especially broadleaf species including but not limited to: potato, tomato, alfalfa, clover, corn, lentils, peas, beans, trees, shrubs and canola) not only for the year of application but for a period extending into future growing seasons. Grass and cereal production will not be affected to the same degree.

\_\_\_\_\_ *(initial)* I understand that this signed agreement does in no way bind the County to carry out the vegetation management operation, and that the operations designated may be undertaken solely at the discrimination of Lac Ste. Anne County and its representatives.

**APPLICANT DECLARATION (CONT.)**

The conditions (if any) of my grant, release and discharge are as follows:

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*Witness signature*

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*Registered landowner or agent signature*

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*Application date*

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy* (FOIP) Act. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact the County FOIP Coordinator at the address below.

**Box 219, 56521 Rge Rd 65, Sangudo AB T0E 2A0**  
**T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E agriculture@LSAC.ca [LSAC.ca/agriculture](https://LSAC.ca/agriculture)**