

Agricultural Services

	Agric	Jultural Services	
THIS AGREEMENT made as of the day of	, 20		
BETWEEN: Lac Ste. Anne Coun	ty (Hereinafter called "the County")		
OF THE FI	RST PART,		
— ar	nd —		
Name:	Phone:		
Email:	Cellular:		
Mailing address:			
Rural address:			
	ed "the Owner")		
WHEREAS the Owner is the owner, purchaser or lessee of the	following lands:		
Legal land description: (Office	use only) Registered no spray sign numbers		
WHEREAS the the Owner desires the County to not apply her	bicide adjacent to the Owner's property.		
NOW, THEREFORE, the County and the Owner, for the consideration on this Agreement.	deration hereinafter named, agree to the co	onditions as noted	
IN WITNESS WHEREOF, this Agreement has been duly execu	uted by the parties hereto.		
1. I acknowledge my duty to maintain that portion of the County rights-of-ways (ditches and approaches beside the road) that lies between the boundary of my property and the centerline of the roadway, ensuring it remains free from Prohibited Noxious and Noxious weeds and/or woody vegetation (brush).	the part of Lac Ste. Anne County contained in this Agreement. This Agreement constitutes the entire agreement between the parties, and no other warranties are given or implied.		
	6. I agree to the following signage guidelines for the 'No Spray' area:		
2. I understand and agree that if, at any time, Prohibited Noxious	 a) Signs must be acquired from the County a designated numbers. 	s they are assigned	
or Noxious weeds and/or woody vegetation are present within the County rights-of-ways and is determined by the Agricultural Services Manager to be unacceptable, the County shall immediately take whatever steps are deemed appropriate to control these weeds or brush, which may include herbicide application.	b) Signs must be mounted on stakes which are a minimum of 5 feet tall or 1.5 meters high and placed adjacent to the requested 'No Spray' area only. If the intent is avoidance of a specific area such as a garden, yard site, or shelterbelt, the 'No Spray' signs should be posted in front of the sensitive area-not the entire quarter.		
3. I understand and agree that the County rights-of-ways beside sensitive area(s) or Organic operations still must be maintained.			
4. I understand the period of the signed agreement will last ONE YEAR. I understand that all registrants must renew annually including \$20.00 fee as soon as possible for verification of registrant's intent to continue participation in the agreement. I understand and agree that failure to renew the No Spray Agreement declaring intent to continue participation in the agreement prior to	Owner/Lessee Signature	Date	
the annual deadline may result in the termination of the agreement. 5. I agree to indemnify or protect Lac Ste. Anne County from any	County Representative Signature	Date	
and all liability, claims, damages and actions whatsoever, arising out	PLEASE NOTE: Each additional prop	erty will require	

PLEASE NOTE: Each additional property will require a separate agreement.

of any representation, warranty, undertaking, or obligation on



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	i	TWP RD	i
W S JULIA		TOWNSHIP ROAD	
			1 1 8 8 1
TO BE COMPLETED BY THE CUSTOMER (LANDOWNER)		TWP RD	
	—— Your Property Lin	e Watercourse	Residence
	Your Property Lin	e Water Source	Garden
	No Spray Sign	Shelterbelt	Driveway Access
Using the above legend as your ways (Range Roads and Townsh	symbols, please describe nip Roads if applicable) tha	your property and its amenities at will be impacted by the place	. Indicate the County rights-of ment of your signs.
Rural address:			Phone:
Witness Signature	Date	Landowner Signatu	re Date

PLEASE NOTE: Primary and Secondary Highways are **NOT** maintained by the County (including utility rights of way). In these cases, please contact Alberta Transportation to obtain a 'No Spray' designation.

Mailing Address

Landowner Name (please print)

The personal information provided will be used to process your custom spray agreement application with Lac Ste. Anne County and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected on this form will only be used for the provision of the program you have applied for. For questions about the collection and use of this information, please contact the Lac Ste. Anne County FOIP Coordinator at 1.866.880.5722 Box 219, Sangudo, AB T0E 2A0.