

I Request that no herbicide treatment occur adjacent to our shoreline property in 2025.

Signed _____ Date: _____

All requested information must be entered for verification purposes

Year: 2025

Property Identification Number(s)

Property Owners Name(s):

Lake Property Address:

City/State/Zip

Phone Number(s): Primary:

Alternate:

Mailing Address (If different from the Cedar Lake Property Address):