

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) |
|------------|-----------------------------------|

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|--------------------------|
| Property Owners Name(s): |
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| |
|------------------------|
| Lake Property Address: |
|------------------------|

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|------------------|
| City/ State/ Zip |
|------------------|

| | |
|---------------------------|------------|
| Phone Number(s): Primary: | Alternate: |
|---------------------------|------------|

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