I request that NO herbicide treatment occur to our shoreline property.	
Signed	Date
All requested information must be entered for verification purposes.	
Year:	Property Identification Number(s):
Property Owner Name(c).
Property Owner Name(5).
Lake Property Address:	
City/State/Zip:	
Phone Number(s) Home	e: Cell:
Mailing Address (if different from Indian Lake Property Address)	