



Aquatic Nuisance Control, Inc.

P.O. Box 316, Remus, MI 49340-0316
Phone (989) 967-3600 Fax (989) 967-3447

Aquatic Weed Control Reply Slip

For chemical treatment of aquatic nuisance plants on _____ Lake
(lake name)
located in _____ County, by Aquatic Nuisance Control, Inc.

- YES, I am interested in the program by Aquatic Nuisance Control, Inc.
- NO, I am not interested in the program, but I do not object if my neighbors participate in the Aquatic Weed Control program.
- My drinking water well is 30 feet or deeper and is _____ feet from the nearest shoreline.
- My drinking water well is LESS than 30 feet deep and is _____ feet from the nearest shoreline.

ADDRESS OF LAKE PROPERTY

Subdivision _____ Lot # _____ Township _____

Street Address _____

City/State/Zip _____ Phone Number _____

HOME MAILING ADDRESS, if different than Lake Property address:

Street _____

City/State/Zip _____ Phone Number _____

Property Owner _____
print name signature

REGARDLESS OF YOUR DECISION TO THE AQUATIC WEED CONTROL PROGRAM, WE MUST HAVE A RESPONSE FROM YOU. PLEASE MAKE YOUR CHOICE AND RETURN THIS REPLY SLIP TO THE ADDRESS SHOWN BELOW.