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TOWN ATTORNEY

RESPONSE FORM Black Fly Control Program

Please complete one of the following boxes and return in postpaid envelope provided. Thank you very much!

I, the undersigned Town of North Elba land owner, **GIVE MY PERMISSION** for my property to be included in the Town of North Elba Black Fly Control Program. My property may be used for access to waterways, to monitor larval populations, to treat waterways with Vectobac 12AS (*Bacillus thuringiensis israelensis*) and assessment activities consistent with the New York State Department of Environmental Conservation Dept. Bureau of Pesticide Permit and boat docking if applicable for the program during the following period:

FIVE YEARS : March 24, 2008 through July 25, 2012

Signature of Land Owner(s) or duly authorized representative

Date: _____

Please print name(s) here

OR

ONE YEAR : March 24, 2008 through July 25, 2008

Signature of Land Owner(s) or duly authorized representative

Date: _____

Please print name(s) here

OR

I, the undersigned Town of North Elba Land Owner **DO NOT GIVE MY PERMISSION** for my property to be included in the Town of North Elba's Black Fly Control Program in 2008.

Signature of Land Owner(s) or duly authorized representative

Date: _____

Please print name(s) here