

City of Augusta, Maine

Right of Way Herbicide Treatment

Landowner OPT-OUT Program Application

Applicant/Owners Name: _____ Phone#: _____

Mailing Address: _____
(Street/PO Box) (Town) (State) (Zip Code)

E-Mail Address: _____

Opt-Out Property Address: _____ Property: Tax map #. _____ Lot #. _____

Do you own the property? ____ YES ____ NO.

As the owner of said property, I hereby make application to NOT have the City of Augusta apply herbicide for the Right of Way (ROW) treatment of weeds in front of my property. Further, I agree to remove the weeds in the City's ROW. I understand that if a chemical; either natural or synthetic is to be used to remove the weeds, the treatment shall be done by a duly licensed applicator registered and licensed to do so in the State of Maine through the State's Board of Pesticides Control. Otherwise, I agree to use mechanical means to remove the weeds in the City's ROW in front of my property including the curb and sidewalk if there is one. I also understand that if I fail to keep the weeds under control by NOT treating them, the City of Augusta will first notify me by either E-Mail or hard copy mail that I need to remove the weeds. Failure to remove the weeds within ten business days of receipt of the E-Mail or post mark date, the City shall have the right to come to the address and remove the weeds mechanically. I understand and agree that I shall be billed a minimum of \$50.00 plus a \$1.00/foot after the first 100 feet of road frontage that is to be treated. The payments for those services will be due upon receipt of the invoice. I further understand this Opt-Out Registry in no way replaces or usurp the State of Maine registry for Opt-Out Right of Way (ROW) herbicide treatment. That is a separate registry requirement should you be located in an area where the State of Maine may perform herbicide treatments. The City of Augusta acknowledges that it has no jurisdiction or control over what your neighbors or others in your neighborhood may do with respect to weed control on their property. This Opt-Out program applies only to the City's Right of Way (ROW) herbicide treatment program as referenced in the policy.

I acknowledge that I have the right and authority as the landowner to make this application and agree to pay for weed control performed by the City of Augusta in the event I fail to remove the weeds.

Signature: _____ Date: _____

Send Application To: Director of Public Works, City of Augusta, 16 Cony St., Augusta, ME 04330

Office Use Only:
Date Received: _____ Processed By: _____
Entered into the Opt-Registry and staff notified: Date and time: _____