

Name:	
Address:	
Phone Number:	
Email Address:	
Property Location (if different from above):	
Valuation No:	

The property borders I do not want sprayed are adjacent to (choose all that apply).

	Name of public space/land:
A park or sports ground:	
A Council facility (i.e. Cemetery):	
Other Council land:	

Reason for no spray:

Sketch of 'no spray' area (if required)

Agreement

I/We agree and confirm that I/we agree to maintain the area specified to be **'kept free from weeds at all times'** as required by Waitomo District Council.

Signed:

	Date: <input style="width: 90%;" type="text"/>
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WDC will contact you if we have concerns about re-emerging weeds/fungi on a shared boundary or street frontage, and we may resume weed control if we feel it's essential.

Approving Officer - Office Use Only

Approved by: <input style="width: 90%;" type="text"/>
Signature: <input style="width: 50%; height: 30px;" type="text"/> Date: <input style="width: 30%; height: 30px;" type="text"/>