

# Central Minnesota Aquatics, Inc.

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## 2018 FREE SWIMMERS' ITCH TREATMENT SIGN-UP FORM & CURLYLEAF PONDWEED AND NATIVE WEED TREATMENT AUTHORIZATION

- 1). **Swimmers' itch treatment size:** Approximately 50 feet by 50 feet around dock area
- 2). **Treatment cost:** one treatment at no charge (paid for by the LID) to be provided June 25-June 28, 2018.
- 3) One additional swimmers' itch treatment may be performed for you for an additional \$52.00.  
Please check one of the following below and if you would like an additional swimmers itch treatment, include a check made payable to Central Minnesota Aquatics with the return of this sign-up form to Central Minnesota Aquatics:  
 No charge treatment only  
 One additional treatment during July 16-19 for \$52.00
- 4). **Note:** After the treatment, there is a one day wait for swimming within the treatment area. Due to the free swimming nature of the swimmers' itch parasite, Central Minnesota Aquatics cannot guarantee the effectiveness of a swimmers' itch control treatment. An orange MN DNR Notice sign will be provided to the LID for your free swimmers itch treatment, this Notice sign must be placed by the LID at the end of your dock for identification purposes prior to the free treatment day. Thank you.

### PLEASE COMPLETE

Name _____	Lake Address _____
Mailing Address _____	City, State, Zip Code _____
City, State, Zip Code _____	Lake Phone Number _____
Home Phone Number _____	Fire Number _____
Lake Home Color _____	Total amount of shoreline footage owned _____

**Please describe your lake property so it may be easily identified from the lake:** \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby agrees and authorizes to have their shoreline treated by Central Minnesota Aquatics during 2018 for the control of swimmers' itch and/or exotic lake plants and/or native lake plants.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during and/or after work is completed and that by signing this form I give permission to the specialist to enter my property to make such inspection at reasonable times.*