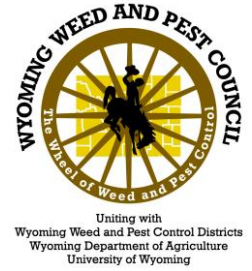




**SUBLETTE COUNTY WEED AND PEST DISTRICT**  
 IN COOPERATION WITH THE  
**STATE DEPARTMENT OF AGRICULTURE**  
<http://www.sublettecountyweed.com>  
 P.O. BOX 729  
 PINEDALE, WY 82941  
 (307) 367-4728  
 (307) 367-3313 fax  
 Mail to: scwpoffice@gmail.com



Sublette County Landowner,

Due to legislative actions SF0012 and SF0080: Trespassing to unlawfully collect resource data, Sublette County Weed and Pest District (SCWP) is now required to obtain written or verbal permission prior to any services conducted on private property. For SCWP to fully comply with SF0012 and SF0080, we are asking landowners to provide permission to access their lands by completing the following form. Thank you for your participation in this process and in the continued management of invasive species in our County.

This permission shall remain in effect until termination by the landowner. Please select one of the following:

- Yes, I provide permission to Sublette County Weed and Pest staff to provide services including but not limited to: designated and/or declared weed species treatments (as per W.S. 11-5-102 (x)-(xii)), biological control releases and monitoring, collection and sharing of GIS data for weed management programs and map creation, hay certifications, and weed management plan consultations.
- No, I do not provide permission to Sublette County Weed and Pest staff to provide any services listed above, but understand that this decision does not supersede any Wyoming Statutes and does not obviate my responsibility to mitigate invasive or noxious species on my property.

Reason for declining SCWP services:

<p>SCWP Office use only:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <input type="checkbox"/> Verbal permission given for above services to SCWP Staff*         </div> <p>*If verbal: Was agreement read: yes / no          *If verbal: Signature of SCWP employee: _____</p>
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I declare that I am the legal owner or representative of the property/properties listed below:

Physical Address (s): \_\_\_\_\_  
 \_\_\_\_\_

Owner (Name, LLC, Corporation, etc.) \_\_\_\_\_  
 Representative (if not owner) \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_

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

**\*\*Any alteration of this form by the landowner will void the agreement. If you have questions or concerns regarding this form, please contact the SCWP office.\*\***