



**■ MUSKEGON CONSERVATION DISTRICT / WEST MICHIGAN ■  
COOPERATIVE INVASIVE SPECIES MANAGEMENT AREA (CISMA)  
COOPERATOR AGREEMENT**

Name (Last, First): \_\_\_\_\_ Township & Section: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Treatment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I would like the Muskegon and Oceana Conservation Districts' assistance (members of the West Michigan CISMA) in planning, implementing, and/or maintaining my property in accordance with proper conservation practices. I understand that such help will be dependent on the services available by the District; and may have an associated cost for specific services. This agreement will stay in effect until either I or the District cancels it in writing, or until my ownership of the property ends. To facilitate implementation of conservation practices the District may view and maintain a copy of my USDA-NRCS program contracts. Signing this agreement acknowledges my ownership of the property to be treated and/or give the authorization to do so.

By signing this agreement, I am giving permission to the Muskegon Conservation District to use pesticides on my property. The District will provide notice of treatment no more than five days prior to treatment. All individuals applying pesticide for the Muskegon Conservation District are licensed through the Michigan Department of Agriculture and Rural Development and will follow all State and Federal laws as they apply to this treatment.

I am interested in cooperating with the Muskegon Conservation District or West Michigan CISMA on the following projects:

<p><b>For specific projects please provide a brief description:</b></p>   
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\_\_\_\_\_  
Cooperator Signature

\_\_\_\_\_  
Date

<p>The Muskegon Conservation District agrees to provide assistance for these projects.</p>	
<p>_____ Chad Hipshier, District Manager</p>	<p>_____ Date</p>