

Appendix C: No Obligation Cost Estimate Form
REQUEST FOR NO OBLIGATION COST ESTIMATE TO TREAT PHRAGMITES
UNDER SIX RIVERS LAND CONSERVANCY/OAKLAND COUNTY CISMA
PERMIT

1. Applicant Information	
Name of Responsible Party (Homeowner, Business, HOA President, etc.)	
Property Address	Telephone Number
City, State, ZIP	Email
<i>I hereby allow representatives of the Six Rivers Land Conservancy, including staff, volunteers, and contractors, to access my property until December 31, 2019 for the purposes of estimating the cost to treat the Phragmites infestation on my property.</i>	

Applicant's Signature	Print Name	Date
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2. Site Information	
General Location and Description of Site	
3. Cost Estimate Information (office use only)	
Referred To	Date
Estimate for Treatment	Estimate for Phragmites cutting at least 1 month after treatment. Cut stems will be left in place.
Description of Work	

- Instructions**
- Fill out the information in parts 1 and 2 of the form above.

2. On an aerial photograph, outline approximate locations of Phragmites patches on your property. A map with property boundaries is preferred. You can search for your property and print a map from the Oakland County Property Gateway (gis.oakgov.com/PropertyGateway)
3. Submit this form and map with Phragmites locations to Oakland County Cooperative Invasive Species Management Area (Oakland County CISMA) by **email** (eclites@sixriversrlc.org), **mail** (2800 Watkins Lake Road Waterford, MI 48328), or **in person to our office** at 2800 Watkins Lake Road (front desk of Oakland County Parks and Recreation).

Attachment D: Treatment Agreement Form

Invasive Phragmites Treatment Agreement 2019

Six Rivers Land Conservancy has requested proposals from contractors relating to the chemical treatment and eradication of invasive Phragmites on desiring properties under Six Rivers Land Conservancy's county-wide Certificate of Coverage permit issued by the Michigan Department of Environmental Quality (MDEQ), Certificate of Coverage No. 9440076. Six Rivers Land Conservancy has identified _____ ("treatment contractor") as a contractor that appears to have the necessary qualifications to provide such services for a cost that is lower than other proposals submitted to Six Rivers Land Conservancy. The treatment contractor will only apply the chemical treatment to the Phragmites. The property owner will be responsible for cutting plants after the chemical treatment has been applied, if desired.

By filling out and entering into this agreement, the undersigned Owner(s) is requesting, authorizing, and agreeing to have the above-identified treatment contractor file for amendment of the above-identified certificate of coverage to include the treatment site identified below if necessary, enter upon the Owner's site as necessary, post the site as necessary prior to treatment, and complete all aspects of the treatment and eradication process on the Owner's site in coordination with Six Rivers Land Conservancy/Oakland County Cooperative Invasive Species Management Area (Oakland County CISMA). The undersigned Owner(s) is also agreeing to pay the Treatment Costs shown below to the treatment contractor directly. This agreement will expire on December 31, 2019.

Owner and Site Information	
Legal Owner Name(s)	Owner Representative (for HOA, etc.)
	Email
Postal Address	Home Phone
City, State, ZIP	Cell Phone
Treatment Site Location/Address	Approx. Acreage to be Treated

Treatment Costs	
Total Cost to be Paid by Property Owner(s)	

Payment
<p>I/We certify that I/We are the Owner(s) of and are responsible for the property listed above. The undersigned Owner(s) understand and agree that an invoice for the services provided by the treatment contractor will be sent directly to the Owner(s) and that the Owner(s) will pay the invoice within thirty (30) days or such other period of time as may be indicated on the invoice. The undersigned Owner(s) also agree to, upon request, sign an agreement directly with the treatment contractor related to the treatment on the Owner(s) property, and even if no such agreement is entered into, the Owner(s) acknowledge and agree that neither Six Rivers Land Conservancy nor the Oakland County CISMA nor Groveland Township shall be obligated to pay for or responsible or liable in any way for the treatment or any other services provided by the treatment contractor on the Owner(s) property. Furthermore, it is understood and agreed that Six Rivers Land Conservancy is not providing or performing the treatment or any other services to the Owner(s) under this Agreement and does not represent or promise, in any way, that the services provided by the treatment contractor will be successful in eradicating all or any of the Phragmites on the Owner(s) property. Six Rivers Land Conservancy is solely providing the Owner(s) an opportunity to utilize the service provider identified by Six Rivers Land Conservancy to perform treatment under the above-identified MDEQ Certificate of Coverage held by Six Rivers Land Conservancy.</p>

Hold Harmless
<p>To the fullest extent permitted by law I/We, _____, agree to defend, pay on behalf of, indemnify, and hold harmless Six Rivers Land Conservancy, Oakland County CISMA, and Groveland Township, their elected and appointed officials, employees, agents, volunteers, and others working on behalf of the these entities against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damage which may be asserted, claimed, or recovered against or from Six Rivers Land Conservancy or Groveland Township, by reason of personal injury, including bodily injury or death and/or property damage, including the loss of use thereof, which arises out of, or is in any way connected with this contract.</p>

Signature of Owner

Print Name

Date

Signature of Owner

Print Name

Date