



REVERSE FENCELINE SPRAY PROGRAM APPLICATION FORM

SCHEDULE "B"

Date: _____

I, _____
APPLICANT NAME

☐ Owner
☐ Lessee

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

DO HEREBY apply for the Reverse Fence Line Spray Program and give SMOKY LAKE COUNTY and its employees or agents access to parcels below to spray Herbicides as per **Schedule "A": Chemical Release Form**, along the County road allowance on farmland that I own, rent, or control.

Legal Description

Location: LEGAL, LAND LOCATION:

¼ _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ W4M

¼ _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ W4M

¼ _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ W4M

I (We) hereby agree to, in consideration of the benefit derived by me (us) from the work description above shall indemnify and save harmless the Smoky Lake County, its Councillors, officers, employees and agents from any claim, damages, liability, cost, fee, penalty, action, cause of action, demand, damage to property, injury to person or death (including, without limitation to, legal fees of Smoky Lake County on a solicitor-client full indemnity basis), that may arise directly or indirectly out of the performance of the above described work(s).

SIGNATURES

SIGNATURE OF OWNER: _____ DATE: _____

SIGNATURE OF LESSEE: _____ DATE: _____