

2026 Aquatic Invasive Species Treatment Opt Out Form

I request that no herbicide treatment occur adjacent to my shoreline property.

Name(s) (Print) _____

Signature(s) _____ Date: _____

All requested information must be entered for verification purposes:

Lake Property Address _____

Lake Property City/State/Zip _____

Phone Number: Home _____ Cell _____

Mailing Address (if different from Lake Property Address)

Address _____

City/State/Zip _____

Mail to:

Steve Gunther, president LMPA

3628 Hickory Road, Excelsior, MN 55331