

Sauk River Chain of Lakes ASSOCIATION
P.O. BOX 369
Richmond, MN 56368

March 8, 2012

Dear Sauk River Chain of Lakes Property Owners:

The Sauk River Chain of Lakes Association (SRCL) has contracted to Pilot treat 25 acres in the Sauk River Chain of Lakes 2015, which were identified previously by Clarke Inc.

The Minnesota Department of Natural Resources has granted to the SRCL a waiver of the requirement that the association obtain the signatures of approval of owners of lake-shore property. Instead, the SRCL will notify property owners of the treatment through alternate form[s]. This letter is one form that the SRCL is using to notify property owners. Other forms [may] include notification on the SRCL's web page, www.SRCL.ORG, and during the SRCL's annual meeting. The annual meeting this year is scheduled for, June 14, 2015 at 9:00 AM, at the Parish Center at Sts. Peter & Paul Church in Richmond.

With regard to the treatment for this year, 2015, all affected property owners have been sent a letter dated xx/xx/xx Explaining the proposed date for treatment, the target date for treatment, the target species for treatment, and the method of Control.

One item that we missed was defining a process for affected property owners to 'OPT OUT' of this Pilot Treatment. The process, defined below details what needs to be done if you want to 'OPT OUT' of this treatment.

If you desire that the treatment of AQUATHOL K **not** occur adjacent to your property, please notify Sauk River Chain of Lakes Weed Control Committee, by returning the bottom portion of letter immediately at the following address, or contact us at the phone numbers, or email addresses below.

Sauk River Chain of Lakes Association
PO Box 369
Richmond, MN 56368
or
Ken Oksendahl – 763-688-4285 or k.oksendahl@arvig.net
Pete Peterson – 507-382-3424 or Petep@midco.net

Sincerely,

Sauk River Chain of Lakes Association Board of Directors

I have read the annual letter sent on or before _____ [date] of this year and reviewed this document. I request that no herbicide treatment occur adjacent to our shoreline property.

Signed _____ Date _____

All requested information must be entered for verification purposes.

Year: 2015 _____ Property Number(s): _____

Property Owners Name(s): _____

Lake Property Address: _____

City / State / Zip _____

Phone Number(s) Home: _____ Cell: _____

Mailing Address (If different from Lake Property Address): _____