



SCHEDULE "A"

REQUEST FOR HAY PERMIT

Applicant Name: _____

Date of Application: _____ Telephone: _____

Mailing Address: _____

Homestead location: (Legal Property): _____

Section Quarter Township Range Median

Hay Permit location: (Legal Property): _____

Section Quarter Township Range Median

Hay Permit location: (Legal Property): _____

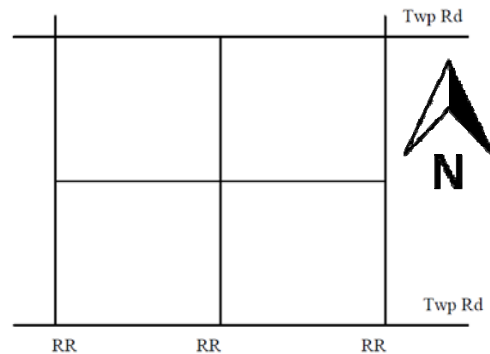
Section Quarter Township Range Median

Hay Permit location: (Legal Property): _____

Section Quarter Township Range Median

In consideration of granting this permit, the following conditions apply:

- 1. Up to June 1, priority will be given to applications received from landowners for the purpose of cutting hay along County right-of-way adjacent to their land. Applications received after June 1 cannot be guaranteed to be free of herbicide application.
2. Approved permits are valid only from June 15 to August 1. All haying operations must be completed by this time.
3. Baled hay must be removed within 7 days of cutting. Permitted bales not removed after 7 days shall, at the discretion of the County, invalidate the permit and be removed by County forces with no liability to the County.
4. Approved permits will be noted by the appropriate County personnel conducting right-of-way and road management.
5. Permits may be cancelled at any time by the County with no liability or obligation of the permit holder.
6. The permit holder indemnifies and saves harmless the County from any claims arising from his/her operations.
7. The permit holder will carry out haying operations in a manner creating no hazard to vehicular traffic.
8. The permit holder will not sublet or sell the rights granted under this permit.
9. The permit holder will satisfy himself as to the presence of herbicides or pesticides.
10. The County reserves the right to enter upon the right-of-way described in this permit for the purposes of weed control, roadside maintenance or any other reason whatsoever.



CUTTING ZONE DIAGRAM

I, _____ have read the Smoky Lake County Hay Permits for County Right-of-Ways Policy. I understand and accept the terms and conditions of the policy and of this permit.

Permittee Signature

Date

Agricultural Fieldman

Date