

# Landowner Permission Form for City of Cheyenne Weed and Pest

For questions regarding this permission form please contact Weed and Pest at 307-637-6475 or at [weedandpest@cheyennecity.org](mailto:weedandpest@cheyennecity.org).

Permission to access property

- Yes, I grant permission to the City of Cheyenne Weed and Pest staff to enter onto my property to engage in the activities as I have approved below and subject to my specified conditions of entry (if any).
- No, I do not grant permission to the City of Cheyenne Weed and Pest staff to enter onto my property to provide services.

If yes, please check all of the activities below for which you give permission.

Select the approved activities on your property

- Larval Mosquito Surveillance
- Larval Mosquito Control (requires surveillance)
- Adult Mosquito Surveillance / Mosquito Trapping
- Adult Mosquito Control (requires surveillance)
- Aerial Applications (requires surveillance)

If you decline permission for adult mosquito treatments the City of Cheyenne will suspend ultra low volume treatments at or near your property line. Due to the nature of the application process, the City does not guarantee that your property will be insecticide free.

Conditions of Entry

Please provide any additional information or conditions related to accessing the property. For example: "call before entering" or "use west gate"

This permission shall remain in effect until terminated in writing by the legal owner of the subject property or the owner's representative. By granting access I (we) do not assume any liability for the injury or loss by those granted access beyond that which is imposed by Wyoming law.

- I hereby declare that I am the legal owner or representative of the property/properties listed below:

Your PIDN can be found on the [Laramie County Assessor's Map here](#).

PIDN

Address

PIDN

Address

PIDN

Address

PIDN

Address

If your property is owned by an LLC, corporation, trust, or other legal entity, please include the entity's name and the jurisdiction in which the entity was originally formed or registered, and ensure that the signature below is that of the person authorized to sign on behalf of the legal owner.

Owner (Name, LLC, Corporation, etc) \*

Jurisdiction in which the entity was registered

Owner's Phone Number \*

Owner's Email Address \*

Signature

Date

Have you completed this form in the past?

- Yes
- Yes, but I am making changes to my previous submission.
- No