



ASH TREE TREATMENT ON PRIVATE PROPERTY

303, boulevard Beaconsfield
Québec, Canada
H9W 4A7

514 428-4400
agrite-eab@beaconsfield.ca
beaconsfield.ca

ACCESS AUTHORIZATION FORM AND EXONERATION OF LIABILITY

OWNER

Name: _____

Address: _____

Telephone: _____

E-mail: _____

OWNER'S REPRESENTATIVE

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Property address: _____

Number of ash trees to treat: _____

Location: front yard backyard left side yard right side yard

* The ash trees must be identified with rope or ribbon *

CONSENT

The owner hereby authorizes the representatives of the City of Beaconsfield and its designated contractor to enter onto its property at the above-mentioned property address, for the purpose of an inspection and, if authorized and paid for by the owner, to proceed with the treatment of the selected ash trees. Furthermore, the owner is hereby advised that the City of Beaconsfield and its designated contractor deny any liability in case the treatment proves to be ineffective and waives any and all claims that it may have now or in the future against the City of Beaconsfield and its designated contractor in relation to the treatment of ash trees.

I hereby authorize the City of Beaconsfield and its representative to proceed with the treatment of the selected ash trees on the above mentioned property, in accordance with the conditions of consent outlined above.

Signature: _____ Date: _____