Land/Property Owner Consent Form

For Local Action Groups

Agreement for Access and Control of Himalayan balsam

PART 1: LAND/PROPERTY OWNER DETAILS

FULL NAME:..... TITLE: .....

ADDRESS:.....

..... POST CODE: .....

MOBILE TELEPHONE: ..... DAYTIME TELEPHONE:.....

EMAIL ADDRESS:.....

PART 2: TENANT DETAILS (IF APPLICABLE)

FULL NAME:..... TITLE: .....

ADDRESS:.....

..... POST CODE: .....

CONTACT NUMBER: ..... EMAIL ADDRESS: .....

PART 3: HIMALAYAN BALSAM SITE/S DETAILS

SITE ADDRESS: .....

.....

PLEASE DESCRIBE THE SITE: .....

.....

Have you, your contractor or Local Action Group volunteers treated or managed the site before?

☐ Yes ☐ No ☐ Unsure

Please give details (date/who involved/method of treatment): .....

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PART 4: YOUR CONSENT

GDPR Policy - Your contact details will be kept solely for use by the local action group coordinator in order to contact you in relation to the treatment of Invasive Non-Native Species (INNS) on your land/property. Unless you indicate below, when this work finishes all contact details held for you will be deleted. They will never be shared with any third parties without your consent.

As the land/property owner on title, by choosing 'Yes', I agree to:

- Allowing the Local Action Group coordinator to hold my contact details as per the GDPR policy above.
- Allow the Local Action Group volunteers to work on the area of my land where the Himalayan balsam is growing at agreed dates and times.

SIGNED:..... DATE:.....