

LAMONT COUNTY PERMIT TO CUT HAY WITHIN COUNTY RIGHT-OF-WAY

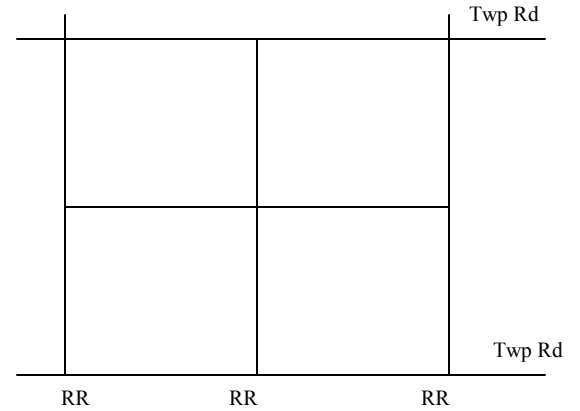
Name: _____
Mailing Address: _____

Date: _____
Phone No.: _____ (1)
_____ (2)



Applying to cut hay on County right-of-way along:

Location	Twp/RR	From	To	Side (N/S/E/W)
1.				
2.				
3.				
4.				



CUTTING ZONE DIAGRAM

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. All other applications will be received up to June 10 on a first come, first served priority basis. Applications after June 10 cannot be guaranteed to be free of herbicide application.
2. Approved permits are valid only from July 1-August 1. All haying operations must be completed by this time.
3. Hay must be baled and removed within 7 days of cutting. Permitted hay cut and unbaled, or 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.

I, _____ have read the Lamont 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

OFFICE USE ONLY

Date Received: _____ Fieldman's Signature _____

Location	ASB		P.W.	
	Approve	Reject	Approve	Reject
1.				
2.				
3.				
4.				

Comments: _____

