

**Albizia Control Program Agreement**

I, \_\_\_\_\_

am the legal owner or legal representative of the owner of the property located In Kalapana Seaview Estates, TMK \_\_\_\_\_

I understand that my community is working with the Big Island Invasive Species Committee to treat young Albizia trees in our neighborhood. I hereby give permission for community volunteers to enter my property for the sole purpose of treating only young Albizia trees with the herbicide Milestone, as described on the BIISC website [www.biisc.org](http://www.biisc.org)

I understand it is my responsibility to notify the volunteers of any potential hazards, such as deep lava cracks, abandoned wells, etc. on my property that may not be visible.

I understand that volunteers will not treat large trees which are threatening structures, and that it will remain my responsibility to mitigate hazards posed by such trees.

**Property Owner/Legal Representative**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Please sign and mail to:

Seaview Albizia Program  
c/o 12-7017 Kalihikai St, Box #4537  
Pahoa, Hi 96778