ATTACHMENT # 9

PERMISSION FOR THE METHYL BROMIDE BUFFER TO EXTEND ONTO ADJOINING PROPERTY

OUTER BUFFER ZONE

VACATING AGREEMENT

I have agreed to move out of my residence during the time of the fumigation so that the outer buffer zone can extend into the area where my house is located. I understand that I must be out of my residence for the duration of the buffer zone (36 to 84 hours). The operator of the property to be fumigated will give me written notification 48 hours before the fumigation, which will specify the actual time that I must be out of my house. I understand that I am not to return to my residence except for _____ (length of time) in order to _____ (activity).

I have read and understand these requirements, and agree to comply with them.

_____
Location of Property (Address or description)

_____ _____
Property Operator's Signature *Date*

_____ _____
Property Operator's Printed Name *Phone number*