

**Millpond Lakes Villas Condominium Association**

**DO NOT SPRAY LIST**

**This form will confirm any earlier verbal requests for this service by the owner.**

Owner: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ Whitton Way

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

I (we) **DO NOT** wish to have the **FLOWER BEDS** on this property treated for any and all WEED CONTROL in accordance with Millpond Lakes Villas Condominium Association's scheduled program for this purpose.

I (we) fully understand by waiving this service, it is my responsibility to maintain the FLOWER BEDS in a reasonably weed free condition up to normal Association standards.

If not, I understand I will be in violation of the guidelines established for WEED CONTROL at Millpond Lakes Villas Condominium Association. If this occurs, I understand I could be considered non compliant and subject to notice and/or penalty.

Owner(s) Signature(s): \_\_\_\_\_

Return form to: **Millpond Lakes Villas Condo 6A**  
**C/O Parklane**  
**9851 State Road 54**  
**New Port Richey FL, 34655**