



“NO MOW MAY” REGISTRATION FORM

Property Owner Name: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Participation Acknowledgment

By signing below, I acknowledge and agree to the following:

- I understand that participation in the “No Mow May” program provides a temporary exception to City Ordinance § 92.38 for the month of May only.
- I understand that properties not registered for the program must remain in compliance with City ordinances and may be subject to abatement if violations occur.
- I agree to control all noxious weeds as defined by Minnesota Statute § 18.77 and applicable City ordinances.
- I understand that participation does not exempt my property from public nuisance, health, or safety regulations, and the city may enforce such regulations if necessary.
- I agree to bring my property back into compliance with city ordinances and state statutes by June 1.
- I agree that my property address may be listed publicly as a participant in the program on the City website.

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Approved By: _____