




**Price Electric
Cooperative**

A Touchstone Energy® Cooperative 

EXAMPLE:

Return by: June 14, 2024

Member Name: Price Electric Cooperative

Address: W6803 Springs Dr, Phillips WI 54555

Account #: 2942601

Signature: Price Electric Cooperative Date: 4/24/24

Property Description:

Township: 37 N Range: 1 E Section: 29 Tax ID: 27578

Description of area not to be treated with herbicide, including boundary marking:

Do not treat from the driveway to the edge of the lawn. I have flagged with orange utility flags on the
North side of my property.

Office Use:
Service Map Location: _____ Received: _____

Tax ID can be found in the property report on the county GIS websites, or on property tax forms.

Search for:
"Price County GIS"
"Oneida County GIS"
"Sawyer County GIS"

Then find your property.

715.339.2155
800.884.0881


W6803 Springs Drive • PO Box 110
Phillips, WI 54555

www.PriceElectric.coop

PEC – Your Energy Solutions Cooperative



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Herbicide Opt-Out Request Form

I hereby request that Price Electric Cooperative not use herbicides on the power line rights-of-way areas that cross the property owned by me as described below. *Note: Rights-of-way with only underground lines will not receive herbicide.*

By honoring this request, Price Electric Cooperative does not forfeit any easement rights including the right to clear its rights-of-way occupied by the Cooperative. Price Electric Cooperative will maintain its rights-of-way by using mechanical and hand clearing, removal, and trimming methods. I further understand and agree that the right-of-way used by Price Electric Cooperative is 15 feet on either side of single-phase lines and 20 feet on either side of two and three-phase lines. Price Electric will attempt to identify trees in danger of falling or striking the powerline or equipment that could be outside these measured limits and when necessary, will trim, cut, or remove trees that appear, in the judgment of the Cooperative or its assigned contractors, to be a danger to the distribution system.

Return by: _____

Member Name: _____

Address: _____

Account #: _____

Member Signature: _____ Date: _____

Property Description:

Township: _____ Range: _____ Section: _____ Tax ID: _____

Description of area not to be treated with herbicide, including boundary marking:

Office Use:

Service Map Location: _____ Received: _____

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