

**Memorandum of Understanding  
Santa Barbara County  
Weed Management Area**

SIGNATURE PAGE

\_\_\_\_\_  
Name of Party

hereby agrees to be part of the Santa Barbara County Weed Management Area and agrees to comply with, and be bound by, the terms of the Memorandum of Understanding – Santa Barbara County Weed Management Area attached hereto and incorporated herein by reference.

The party hereto has executed this agreement as of the date written below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Please sign and date this page, make a copy for your files and return to:**

Santa Barbara County Weed Management Area  
Agricultural Commissioner's Office  
263 Camino del Remedio  
Santa Barbara CA 93110