

Mr./Mrs./Miss with D. N. I

At the address

and contact phone number

Delete and write the correct data, if applicable:

as owner or representative of the property/ies in

CADASTRAL REFERENCE, MUNICIPALITY etc.

DECLARES that all data and information contained in this authorisation is true.

AUTHORISES the access to their private property in order to proceed with the carrying out of treatments with plant protection products by the company TRAGSA, the area marked as affected by the confirmed infection and according to the Resolution of march 25, 2019, the director general of Agriculture, Livestock and Fishing, by which is declared in the tenth update of the situation of the Xylella fastidiosa plague (Wells et al.) in the territory of the Comunidad Valenciana. In addition, phytosanitary measures will be carried out with urgent need to eradicate, control and avoid its spread based on the DECISION OF EXECUTION (EU) 2015/789 OF THE COMMISSION of May 18, 2015

with measures to prevent the introduction and spread within the Union of Xylella fastidiosa.

Treatment within 100m of plants declared infected by Xylella fastidiosa.

The owner

Name y DNI:

Return to:

Servicio de Sanidad Vegetal Apartado de correos 125, 46460, Silla (Valencia)