

Invasive Weed Control Application Form

(To be completed by property owner)

Landowners Name: _____

Mailing Address: _____

Daytime Phone: _____ Cell Phone: _____

Target Species (Limited to Salt Cedar and Phragmites): _____

Legal Description: Quarter Section _____ S _____ T _____ R _____ County _____

Chemical(s) to be used: _____ Application method: _____

*The Nebraska Forest Service will reimburse successful **applicants 75% of actual costs up to a \$5,000 max. Applications accepted on first come basis while money lasts.** Application site must be within ½ mile of either side of the North Platte River and located within Scotts Bluff, Morrill or Garden County.*

Participant's Agreement: *I agree to provide the North Platte Natural Resources District (NPNRD) with a location map and grant access to NRD personnel to do a post application site inspection to ensure compliance. Chemical application must be made by a certified Commercial Applicator. I agree that the North Platte NRD along with the Nebraska Forest Service are not responsible for any non-target/off site damage or damage caused by failure to read and follow all guidelines as set forth within the Chemical Label(s) of product(s) used. I agree that I have read and understand the stipulations of the Invasive Weed Control Program as written.*

Participant: _____ Date: _____

Application Approval:

The North Platte NRD staff approves the applicant's request for cost share assistance under this program.

Approved by: _____ Date: _____

Payment Certification:

Total cost of application (Must provide copy of the original receipts): _____

Application method, chemical, rate and date of application: _____

TOTAL REIMBURSEMENT (): _____

Approved by: _____ Date: _____

POST INSPECTION by: _____ Date: _____