

Shields Valley East Phase II - 2024

Weed Management Project

Sponsored by: Park County Cooperative Weed Management Area (PCCWMA)

Contact Name: _____

Ranch or Business Name (if applicable): _____

Name of Party Responsible Financially: _____

Physical Address of Property: _____

Mailing Address of Contact (if different than above): _____

Contact Home Phone: _____ **Contact Cell Phone:** _____

Contact Email Address: _____

Total Acres in Project Area Owned, Leased, or Managed: _____

Total Acres in Project Area to Spray: _____

| GENERAL INFORMATION | |
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| Which noxious weeds are present on your property? | <i>Estimated number of acres of each weed</i> |
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Please complete the back side of this form.

| PRIVATE APPLICATION OF HERBICIDES | |
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| What herbicides would you like to purchase for private use for weed control? (Note – Private herbicide purchased cannot be used by Commercial Applicators) (Example – Tordon) | <i>How much of each herbicide would you like to purchase: (i.e., gallons, quarts, etc.)?</i> (Example – 5 gallons) |
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| COMMERCIAL APPLICATION OF HERBICIDES | |
| How much would you be willing to spend on commercial application that you would want the CWMA to Match? | |
| How many acres would you like to have sprayed commercially? | |
| | |
| Any Questions, Comments, or Concerns: | |

MONITORING:

Will you work with the CWMA to conduct pre- and post-application monitoring on your property?

YES _____ NO _____