



342 2nd Street NW
Ortonville, MN
56278

Date: _____ Name: _____ Phone: _____

Address: _____ Twsp: _____ Sec: _____

1. Weed(s) to be treated:
 - Common Tansy
 - Wild Parsnip
 - Spotted Knapweed
 - Purple Loosestrife
 - Leafy Spurge
 - Plumeless, Musk, or Bull Thistle
 - Queen Ann's Lace
 - Canada Thistle
 - Other _____

2. Assistance needed:
 - Herbicide
 - Biological treatment
 - Herbicide treatment service
 - Mechanical treatment service
 - Native plant seed
 - Native plant restoration services

3. Herbicide needed:
 - Name _____
 - Amount _____

4. Acres to be treated: _____

5. Is your land already enrolled in a state or federal plan? (RIM, CRP, CSP, etc.)
 - Yes
 - NoIf Yes, list program(s) or explain, if No, is it pasture, hay land, or non-cropland:

6. Reason assistance is being requested:

I hereby request the assistance of the Big Stone CWMA. I will follow all label instruction when using chemicals. I also agree to apply the chemical between the following dates.

- Spring Application (____/____/____ - ____/____/____)
- Fall Application (____/____/____ - ____/____/____)

Signed _____ **Date** _____

* All programs and services are available without regard to race, color, national origin, religion, gender, age, marital status, or handicap.