Collaborative Phragmites Control Program

LANDOWNER APPLICATION FORM:

County	
Landowner(s)	
Mailing Address	
City/State/Zip	
Phone Number	
Parcel # (located on your property tax bill)	
Email address (to send project updates)	
*By signing below I authorize inventory, treatmen Phragmites control, starting from the date of my s (generally 2-3 years). Additional treatments may o guarantee treatment for the full period. Annual no who wish to revoke permission must do so in writ 54307-1203.	at and monitoring on my property for the purpose of ignature for the duration of the grant funded period occur pending additional grant funding. Signatures do not otifications will be provided to the landowner. Landowners ing to Glacierland RC&D P.O. Box 11203, Green Bay, WI
landowner during this treatment period. I understand educational follow up may be provided through Glaci organizations, or contractors to help maintain or cont	of herbicides using spray application. There is <u>no cost</u> to the this is primarily a Phragmites control program and that iterland RC&D Council, Wisconsin DNR, partner trol future infestations. I also understand that as a property fort as feasible by following management recommendations
Signature:	Date:
	sufficient to eradicate Phragmites. I would be willing to equested later) to sustain continued control.
Landowner Site Evaluation (complete to the best of	of your ability)
1) Density of Phragmites: Dense	Scattered Sparse None
2) Approximate total square feet of Phragmites:	feet xfeet
Please return or	email this completed form to:



Please return or email this completed form to:

Stantec Consulting Services, Attn: Melissa Curran 1165 Scheuring Road De Pere, Wisconsin 54115 Email: Melissa.Curran@stantec.com



Questions about the form? Please contact Melissa at 920-841-1072 / Melissa.Curran@stantec.com.

