

NOXIOUS WEED COST SHARE **SHORT** FORM APPLICATION

(DOES NOT NEED TO BE SIGNED BY THE COUNTY WEED CONTROL OFFICER)
CAN BE DONE ON-LINE AND SKIP THE PAPER WORK

land.nd.gov/noxiousweeds

Form must be postmarked by **September 30th**.
If more time is needed for fall spraying, call (701) 328-2800.

Indicate area sprayed below

SEC _____ TWP _____ RNG _____

NW4	NE4
SW4	SE4

THIS FORM IS FOR 100% COST SHARE ON SMALL INFESTATIONS
SPRAYED WITH approved and highly effective herbicides.

ESTIMATED ACRES SPRAYED: _____

DATE SPRAYED: _____

Chemical	Quarts	Total Chemical \$
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
Hours of Labor		Total Labor \$
<input style="width: 100%; height: 20px;" type="text"/>		\$ <input style="width: 80%; height: 20px;" type="text"/>
Maximum request \$150		\$ <input style="width: 80%; height: 20px;" type="text"/>

***I hereby certify that the above is an accurate account of the work done.
Forms postmarked after September 30th will not be paid.***

Name _____ Date _____

Address _____ Telephone _____

City, State _____ Zip Code _____