

# Collaborative Phragmites Control Program

To complete this form online instead, visit

[www.glacierlandrcd.org/phragmites-control-project](http://www.glacierlandrcd.org/phragmites-control-project)

## 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, treatment and monitoring on my property for the purpose of Phragmites control, starting from the date of my signature for the duration of the grant funded period (generally 2-3 years). Additional treatments may occur pending additional grant funding. Signatures do not guarantee treatment for the full period. Annual notifications will be provided to the landowner. Landowners who wish to revoke permission must do so in writing to Glacierland RC&D P.O. Box 11203, Green Bay, WI 54307-1203.**

The control efforts will involve mowing and/or use of herbicides using spray application. In areas where grant funding has been secured, there is **no cost** to the landowner during this treatment period. I understand this is primarily a Phragmites control program and that educational follow up may be provided through Glacierland RC&D Council, Wisconsin DNR, partner organizations, or contractors to help maintain or control future infestations. I also understand that as a property owner, I intend to contribute to the success of this effort as feasible by following management recommendations provided to me for effective long-term control.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YES Two or three years of treatment is not sufficient to eradicate Phragmites. I would be willing to contribute a small donation (may be requested later) to sustain continued control.**

Generally describe the location and size of the population (complete to the best of your ability):

\_\_\_\_\_



**Please return this completed form to:**  
Stantec Consulting Services, Attn: Melissa Curran  
1165 Scheuring Road  
De Pere, Wisconsin 54115



*Questions about the form? Please contact:*



Melissa at 920-841-1072 / [Melissa.Curran@stantec.com](mailto:Melissa.Curran@stantec.com)  
Jake at 906-284-0533 / [jake.divine@glacierlandrcd.org](mailto:jake.divine@glacierlandrcd.org)

