Collaborative Phragmites Control Program

To complete this form online instead, visit

www.glacierlandrcd.org/phragmites-control-project

LANDOWNER APPLICATION FORM:

ounty
andowner(s)
ailing Address
ity/State/Zip
none Number
arcel # (located on your property tax bill)
mail address (to send project updates)
By signing below I authorize inventory, treatment and monitoring on my property for the purpose of hragmites 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 narantee treatment for the full period. Annual notifications will be provided to the landowner. Landowner ho wish to revoke permission must do so in writing to Glacierland RC&D P.O. Box 11203, Green Bay, Vi307-1203.
the control efforts will involve mowing and/or use of herbicides using spray application. In areas where grant and has been secured, there is no cost to the landowner during this treatment period. I understand this is simarily a Phragmites control program and that educational follow up may be provided through Glacierland C&D Council, Wisconsin DNR, partner organizations, or contractors to help maintain or control future festations. I also understand that as a property owner, I intend to contribute to the success of this effort as asible by following management recommendations provided to me for effective long-term control.
gnature: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.
enerally 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:



