

Central Minnesota Cooperative Weed Management Area Application for Assistance*

(Kandiyohi and Stearns Counties only)

Please fill out contact information below and send to address below:

Name: _____
Address: _____
City & Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____
County: _____ TWP: _____ Sec: _____

Landowner signature _____ Date: _____

Please send application to:

If you live in Kandiyohi County send application here:	If you live in Stearns County send application here:
Kandiyohi SWCD 1005 High Ave NE Willmar, MN 56201-2667 PH: (320) 235-3906 ext. 3	Stearns County SWCD 110 Second Street South, Suite 128 Waite Park, MN 56387 PH: 320-251-7800 ext. 3

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

For Official Use Only

Inspected by: _____ Date: _____

NOTE: Please attach an aerial map of identified project area.

1. Weed to be treated:
 - Common Tansy (*Tanacetum vulgare*)
 - Leafy Spurge (*Euphorbia esula*)
 - Purple Loosestrife (*Lythrum salicaria*)
 - Spotted Knapweed (*Centaurea biebersteinii*)
 - Wild Parsnip (*Pastinaca sativa*)
 - Other _____

2. Assistance needed:
 - Herbicide
 - Biological treatment
 - Herbicide treatment service

- Mechanical treatment service
- Native plant seed
- Native plant restoration services
- Other _____

3. Herbicide(s) needed:
Name _____
Name _____

4. Acres to be treated: _____

5. In-kind contribution (Monetary or otherwise) please explain:

6. Is your land already enrolled in a state or federal program? (RIM, CRP, CSP, etc.)
 Yes
 No
If Yes, list program(s):

Notes: (please include recommendation on specific treatment and tools to be used)

Date treatment was implemented: _____

Dates of follow up inspections: _____, _____, _____
(please initial)