REPORT OF INFESTATION

Date Reported: ___________ Report Received by:___________________________________

Name of Landowner: ____________________________________________________________

Name of Operator: ______________________________________________________________

Legal Description (Location of property): ____________________________________________County

Township:_______ Range:_______ Section(s):_______ Lot(s):_______

Further describe if necessary:_____________________  N

___________________________________________________  W                 E

___________________________________________________

S

Name of Weed(s)_____________________________________________

Date of Inspection: ___________________________________________

Inspected By: ________________________________________________

Recommendations for Control: ____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Follow-up Inspection:  

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Note locations and types of non-target vegetation on this inspection report or attach a map. 
Note locations of environmentally sensitive areas on this inspection report or attach a map.

Signature

Section I  Page 100  03/11/2010