

# Stillwater Valley Watershed Council

## 2018 Cooperative Weed Control Program Landowner Sign-Up Form



Landowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Local Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Property Location: (physical address/subdivision/property description/ **SPECIAL INSTRUCTIONS**)

\_\_\_\_\_  
\_\_\_\_\_

Approximate # of acres enrolled & infested (if known): \_\_\_\_\_

Please check the appropriate box and return this completed form to the SVWC:

Yes, I want to participate in the 2018 Cooperative Weed Control Program, **enclosed is my check for \$120** (\$35 SVWC annual membership and \$85 prepayment).

Yes, I want to participate in the 2018 Cooperative Weed Control Program. I have already paid my 2018 SVWC membership, **enclosed is my check for the \$85 prepayment.**

Yes, please take a look at my property prior to treatment to determine the level and type of noxious weed infestation that exists (if any).

Yes, I want to join the Stillwater Valley Watershed Council, **enclosed is my \$35 annual membership.**

I do not wish to participate in the 2018 CWCP but in so doing, recognize that I am required to comply with existing Montana Local County Weed Act (7-22-2116) which states that it is unlawful for any person to permit noxious weeds to propagate or go to seed on the person's land.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please indicate your contact information and property location even if you do not wish to participate in the program. This will let us know if we have made contact with all landowners.

Return to:

**Stillwater Valley Watershed Council**  
**PO Box 112**  
**Absarokee, MT 59001**

406-780-1249

SVWC2010@hotmail.com

www.StillwaterValleyWatershed.com