

Stillwater Valley Watershed Council

2019 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 2019 Cooperative Weed Control Program, **enclosed is my check for \$120** (\$35 SVWC annual membership and \$85 prepayment). I understand that any application time over the prepaid first hour will be billed along with associated chemical costs.

Yes, I want to participate in the 2019 Cooperative Weed Control Program. I have already paid my 2019 SVWC membership, **enclosed is my check for the \$85 prepayment**. I understand that any application time over the prepaid first hour will be billed along with associated chemical costs.

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 2019 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