

**WOODLANDS COUNTY
TALL BUTTERCUP/ OX EYE DAISY CONTROL PROGRAM
APPLICATION FORM**

I, _____ of (Town) _____

(Phone) _____ as owner or occupant of the following land:

Legal Land Location of Treated Area(s)

of acres

do hereby apply to Woodlands County for reimbursement under Policy 6318: Tall Buttercup and Ox eye Daisy Control Program.

Type of Treatment

- Residual Broadleaf Herbicide
- Non-residual Broadleaf Herbicide
- Non-residual Broadleaf Herbicide + Fertilizer
- Tillage/ Hand Pulling/ Digging

Chemical Purchased from: _____

Total Chemical Cost (excluding GST):
_____ (please attach copy of receipt)

I hereby release, discharge and waive any right, cause of action or other claim of whatever kind which I might have against Woodlands County arising out of or incidental to anything done or not done from my actions for controlling noxious weeds.

Dated this _____ day of _____, 20____ at _____, AB

Owner/Occupant

Woodlands County Representative

For Office Use Only

Name of Claimant: _____

Address of Claimant: _____

Number of Acres Controlled: _____

Rebate Payable Rate (\$/Ac): _____

Total to be Paid: _____