

REPORT OF INFESTATION

Date Reported: _____ Report Received by: _____

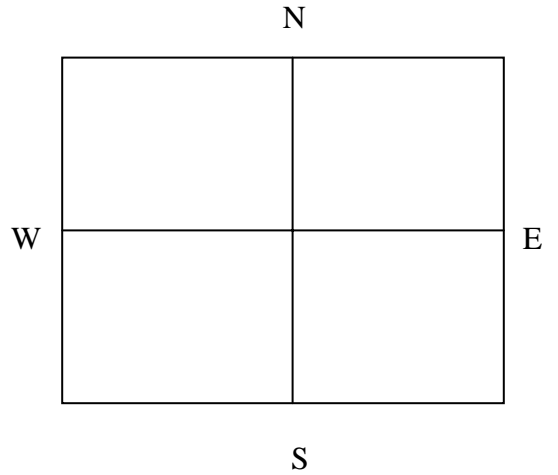
Name of Landowner: _____

Name of Operator: _____

Legal Description (Location of property): _____ County

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

Further describe if necessary: _____



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