



# RM OF LUMSDEN NO. 189

## APPLICATION FOR NOXIOUS/PROHIBITED WEED CONTROL

First Name		Last Name	
Company Name (if applicable)			
Home/Business Phone Number		Cell Phone number	
E-mail Address			
Mailing Address		Town/City	Postal Code

### Custom Spraying Locations Requested:

Quarter:	Section:	Township:	Range:	Meridian:	Total Acres:

\*\*\*Please attach map of area and any additional details\*\*\*

I hereby request the application of the appropriate weed control chemical on my property listed above. I agree to have an application filed with the R.M of Lumsden No. 189 on or before May 15<sup>th</sup> of each fiscal year. I further agree to the costs related to herbicide and application.

Applicant Signature		Date
---------------------	--	------

### FOR OFFICE USE ONLY

Approved: YES NO	Receipt Number:	
Signature:	Date:	Total to be Paid Upon Completion: