



BOX 10, BALGONIE, SASKATCHEWAN, S0G 0E0

PH: 306-771-2522

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## LEAFY SPURGE REBATE PROGRAM

Landowners Name: \_\_\_\_\_

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

\_\_\_\_\_

Landowners Phone No.: \_\_\_\_\_

Amount of Chemical Purchased: \_\_\_\_\_

Cost of Tordon 22K Chemical: \_\_\_\_\_  
(taxes are not refundable) (A copy of the invoice must be attached to this form)

Legal Description of Lands

Treated: \_\_\_\_\_

Name of Herbicide Applicator: \_\_\_\_\_ License Number: \_\_\_\_\_

Herbicide Rate (litres/acre): \_\_\_\_\_ Total Acres Treated: \_\_\_\_\_

Please indicate on the map below the approximate AREA and LOCATION sprayed with Tordon 22K.

NW	NE
SW	SE

I hereby certify that the information herein provided is accurate, and that I have total control over the chemical application undertaken. The municipality's weed inspector may inspect the lands listed herein, or in previous applications under this program, at any time.

\_\_\_\_\_  
Landowner's Signature

\_\_\_\_\_  
Date