Clear Form

LEAFY SPURGE RM REBATE PROGRAM
HERBICIDE APPLICATION RECORD

****DEADLINE TO SUBMIT TO THE MUNICIPAL OFFICE: OCTOBER 15 OF CURRENT YEAR**

Applicant Name: _____ **Date:** _____

Email: _____ **Phone #:** _____

Civic/Mailing Address: _____

Legal Land Description: **Lot:** _____ **Blk/Par:** _____ **Plan No.:** _____ **Ext.:** _____

OR: **¼ Sec:** _____ **Sec:** _____ **Twp:** _____ **Rge:** _____ **W2**

Chemical Purchased: _____ **Amount of Chemical:** _____ **Cost of Chemical:** _____

Taxes are non-refundable AND a copy of the invoice must be attached to this form.

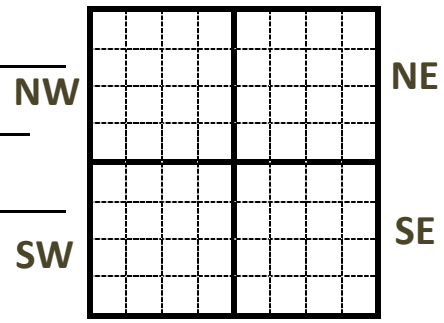
Name of Herbicide Applicator: _____ **License Number:** _____

Legal Description of Lands Treated: _____

GPS Coordinates: **N:** _____ **W:** _____

Herbicide Rate (litres/acre): _____ **Total Acres Treated:** _____

Method of Application: _____



Wind Speed/Direction: _____ Temp: _____ **°C** Rainfall Potential: _____

Quantity and method of disposal of surplus chemical containers: _____

Measures taken to respond to or clean-up of chemical spills: _____

NOTE: You must follow the label rates in order to be eligible for rebate.

There is a maximum yearly rebate of $5000.00 per applicant. This form must be submitted to the municipal office by October 15th of the current year to be eligible for rebate*

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.

_____ _____

Landowners Signature Date

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