**CERTIFICATION OF COMPLETION OF TREATMENT TO CONTROL YELLOW STARTHISTLE, RUSH SKELETONWEED, POISON HEMLOCK, and SCOTCH THISTLE**

**2021**

**\*\*Please fill out and return this page after spraying\*\***

**\*This form must be signed by the applicant and accompanied by stamped paid receipt of chemicals used prior to cost share approval and payment\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TARGET WEED** | **# of ACRES** | **NAME OF CHEMICAL** | **AMOUNT USED****(gal, qt, oz, etc…)** | **PRICE/gal,qt,oz, etc…** | **TOTAL PRICE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **TOTAL\_\_\_\_\_\_**

I hereby certify under penalty of perjury that this is a true and correct claim necessary expense incurred by me, and no payment has been received by me on account thereof.

Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Date approved by coordinator for cost share \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Chair; Garfield County Noxious Weed Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_