

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

2022

****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...	COST

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_____