

# Lincoln County Weed Department

## Herbicide Cost Share Claim Sheet

Date(s) Treatment: \_\_\_\_\_

Was the weed control contracted or done by yourself? \_\_\_\_\_

Where was the herbicide purchased? \_\_\_\_\_

Herbicides used and rate(s) per acre

1. \_\_\_\_\_ /acre
2. \_\_\_\_\_ /acre
3. \_\_\_\_\_ /acre

Approximate area sprayed in acre or sq. ft.- \_\_\_\_\_

Total purchase cost of the herbicide \_\_\_\_\_

Noxious Weeds Treated (list all species) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Print Last Name) (First) (Telephone#)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

\_\_\_\_\_  
(Legal Description, Township, Range, Section etc. for area of herbicide application)

\_\_\_\_\_  
(Cost Share Applicants Signature) (Date)

### For office use:

Herbicide \_\_\_\_\_ \* 75%= \_\_\_\_\_

Total: \$ \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Mail to the Lincoln County Weed Office \_\_\_\_\_, Libby, Mt 59923

**PLEASE ATTACH A COPY OF THE RECEIPT(S) TO THIS CLAIM**