Lincoln County Weed Department Herbicide Cost Share Application

Name of Landowner

(Last)	(First)	(Telep	hone
(Address)	(City)	(State)	(Zip)
(Legal description Towns	ship, Range, Section etc. for area of herb	icide application)	
Expected date of herbi	cide application:		
Herbicide(s) planned:_			
Target weed(s):			
Approximate size of are	ea to be treated (sq. ft. acres):		
	, and provide a rough sketch of the are sketch should include waterways, se		on

Sketch Area to be treated

RELEASE and INDEMNITY: The undersigned (Applicant) acknowledges that they have a legal and moral duty as the owner or occupier of land to control noxious weeds. They also recognize that control measures sometimes involve risks to desirable plants, animals, and humans. In consideration of the benefit obtained by reducing the burden of their responsibility to control noxious weeds and in recognition of risks which may be encountered, the undersigned hereby releases, holds harmless and indemnifies and defends Lincoln County, its agents and employees, from all loss, claims, costs and expenses, damages, lawsuits or judgments resulting from damage or destruction of property, personal injury or death of any person or persons which arise from Applicants conducting weed control activity in areas described in this Cost/Share Program Application including, but not limited to, costs of suit and reasonable attorney fees.				
Applicant	Date			
Weed Board, Weed Supervisor or Weed Program Coordinator	Date			

Applicant will be notified by phone regarding this application.