

Yes, I would like to participate in the 2023 SRCD Lepidium Control Program. I understand that no cost share funds are available this year, and my cost will be based on 100% of chemical cost and spraying hours for my property.

_____ Contractor spray option

_____ Landowner application option

Landowner Name Club Name and Number Phone Number

This is my estimate of the acreage to be sprayed:

_____ **Total Acres to be Sprayed**

I hereby give permission to Suisun Resource Conservation District to coordinate ground spraying of Telar on my property by a contractor. I agree to pay the cost of chemical and spray time based upon applicator calculations. My maximum financial commitment to this spray program will be \$_____ (Landowner will be charged their actual cost for Telar and spray time).

_____ Name

_____ Date

_____ Address

_____ Work Phone Number

_____ Home Phone Number

_____ E-mail address

* Add detailed map and return to SRCD