

La Plata County Roads Weed Infestation Report Form

Date: _____

Weed Name(s): _____

Location (CR #): _____

Reporter's Name: _____

Phone Number: _____

E-mail: _____

Return to:

**La Plata County Weed Office
2500 Main Ave
Durango, CO 81301**

Fax: 970-247-2365
weeds@co.laplata.co.us