

**La Plata County Weed Infestation Report Form**

Date: \_\_\_\_\_

Reporter's Name: \_\_\_\_\_

Your Parcel Ownership Name \_\_\_\_\_

Your Parcel Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

It is La Plata County policy that any person who notifies the La Plata County Weed Office of a weed infestation on private land near their land shall volunteer to have a weed survey completed on their property.

I volunteer to have a weed survey on my land indicated by my signature below.

Signed: \_\_\_\_\_

Would you like a follow up phone call or email? Yes No

Is it OK to share your name with the property owner? Yes No

Weed Name \_\_\_\_\_

Location: Private Land Public Land State Hwy County Road

Parcel Number (If known): \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

County Weed Office Use Only Below This Line

GPS Field Mapping Date: \_\_\_\_\_

Mapping Completed By: \_\_\_\_\_