



Manitowoc County
Collaborative *Phragmites*
Control Project



Lakeshore Natural Resource Partnership

Landowner Application Form

Landowner(s) _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Parcel # (located on your property tax bill) _____

Email address (to send project updates) _____

***By signing below I authorize inventory, treatment and monitoring on my property for the purpose of *Phragmites* control starting from the date of my signature for a period of up to three years (ending December 2020). Landowners who wish to revoke permission must do so in writing to Lakeshore Natural Resource Partnership.**

The control efforts will involve the use of herbicides using spray application. There is no cost to the landowner during this treatment period. I understand that this is primarily a *Phragmites* control program and that educational follow up may be provided through Lakeshore Natural Resource Partnership, Wisconsin DNR, partner organizations, or contractors to help maintain or control future infestations. I also understand that as a property owner, I intend to contribute to the success of this effort as feasible by following management recommendations provided to me for effective long-term control.

Signature: _____ Date: _____

Landowner Site Evaluation (complete to the best of your ability)

1) Density of *Phragmites* estimate: Dense _____ Scattered _____ Sparse _____ None _____

2) Approximate total square feet of *Phragmites*: _____ feet x _____ feet

Please return this completed form to:

Stantec Consulting Services, Attn: Melissa Curran, 1165 Scheuring Road,
De Pere, Wisconsin 54115

Questions about the form? Please contact Melissa Curran at 920-841-1072 or
Melissa.curran@stantec.com.