

# Cost Share Site Evaluation *(to be completed by WRISC staff)*



Evaluation Completed By: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Property Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Landowner: \_\_\_\_\_

Contact (phone / email): \_\_\_\_\_

Coordinates

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

MISIN ID: \_\_\_\_\_

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Target Species: \_\_\_\_\_

Number of years treated: By WRISC - \_\_\_\_\_ Other - \_\_\_\_\_

Infested Area: \_\_\_\_\_

Infestation Density: \_\_\_\_\_

Treatment Plan (method, products, considerations, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Hours for Re-treatment: \_\_\_\_\_

Special Site Considerations: \_\_\_\_\_



# Cost Share Estimate

Charges	Cost Estimate	Actual Cost
<b>Standard Base Rate:</b> <i>Includes first 30 minutes on site</i>	\$250.00	\$250.00
<b>15 Minute Charge:</b> <i>An additional charge for every 15 minutes of time on site after the first half hour (\$25.00 / every additional 15 mins)</i>		
<b>Site Condition Charges:</b>		
<b>Discounts:</b>		
<b>Total Charges:</b>		

Treatment Date: \_\_\_\_\_ Actual Time on Site: \_\_\_\_\_

Estimate Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
*WRISC Representative*

Actual Cost (post treatment) Updated By: \_\_\_\_\_ Date: \_\_\_\_\_  
*WRISC Representative*

*By signing below, I agree to pay my portion of the treatment costs as detailed in the estimate above and understand that the actual cost of management could vary and be adjusted post-treatment (updated above).*

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Name (printed): \_\_\_\_\_

## Cost Share Payment

Customer Billed: \_\_\_\_\_ Initials: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Initials: \_\_\_\_\_