

Wild Rivers ISC Retreatment Cost Share Application



Legal Owner Name: _____

Mailing/Billing Address: _____

Street Address

City

State

Zip Code

Phone: _____

Email: _____

Preferred contact method (*circle*): Phone Call Text Email Other: _____

Additional Contacts (*caretakers, tenants, etc.*): _____

Physical Address of treatment location: _____

Street Address

City

State

Zip Code

County (*circle*): Dickinson (MI) Menominee (MI) Forest (WI) Florence (WI) Marinette (WI)

Parcel IDs: _____

Target Species: _____

Estimated size and density of current infestation: _____

Are any plants to be treated located in standing water? (*circle*) Yes No Unknown

To qualify for the WRISC Retreatment Cost Share program, your property must have received two years of grant-funded treatment from WRISC. However, WRISC may not have been the only entity to manage invasive species on your property in the past. If you've received other management (or if you've done it yourself!), let us know. **Please include information about additional invasive species management that has occurred on your property (month/year, target species, management action, number of acres managed, etc.):**

By signing below, I am stating that (*check each box*):

- I own the property, authorize the work being done, and have attached proof of ownership.
- I understand that control will likely require monitoring and follow-up treatment(s), potentially over several years, and that complete eradication may never be achieved.
- I understand restoration planting is often recommended to enhance treatment efficacy.
- I agree to pay my portion of the treatment costs and understand that the actual cost of treatment may vary (see Site Evaluation and Estimate Form).

Printed Name of Landowner: _____

Landowner Signature: _____

Date: _____

WRISC Coordinator Signature: _____

Received: _____