

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: _____

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

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: _____