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DEPARTMENT OF PUBLIC WORKS
Roads Division

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CECIL COUNTY GOVERNMENT

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Roads Division
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WEED CONTROL SERVICE APPLICATION

Participate in Weed Control Program Previously Yes _____ Year _____ No _____

Applicant Information:

Contact Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

How did you hear about the Weed Control Program? _____

Applicant Owner of Property or Authorized Agent: _____

Address of Proposed Work:

Address: _____

City: _____ State: _____ Zip: _____

Estimated Areas and Costs:

Description: _____

Acres: _____

Currently in the CREP Program: Yes _____ No _____

Crops on Field: _____ Yes _____ No Type: _____

Type of Weeds: _____

Herbicide: _____ Estimated Gallons: _____

Herbicide: _____ Estimated Gallons: _____

Herbicide: _____ Estimated Gallons: _____

Estimated Hours: _____

Estimated Cost: _____

Estimated Hours and Cost includes travel, preparation, treatment, and closeout.

I hereby testify I am the property owner and/or authorized person and grant Cecil County Weed Control permission to spray at the above location.

Signature

Print Name

Date