

WEED MANAGEMENT INCENTIVE PROGRAM 2020/2021 REPORT FORM



Property Address	
Owner Name	
Phone	
Email	

Weeds targeted (tick or highlight)	<input type="checkbox"/> Blackberry <input type="checkbox"/> Paterson's Curse <input type="checkbox"/> Chilean Needle Grass <input type="checkbox"/> Serrated Tussock <input type="checkbox"/> St John's Wort <input type="checkbox"/> Other: _____
	Density of Infestation (tick or highlight)
	<input type="checkbox"/> Individual plants <input type="checkbox"/> Spot infestations <input type="checkbox"/> Broad acre infestation.....hectares(approx.)

Weedicide name: Contractor name:	
Purchase Date: Cost:(as per receipt)	/ / \$
Volume of mixed spray used	_____ litres Mix ratio:ml.(chemical)/.....litres(water)
Application method	<input type="checkbox"/> Hand spray/backpack <input type="checkbox"/> Trailer Unit <input type="checkbox"/> Other _____

For direct credit please provide banking details:

Account Name:
BSB:
Account No:

For reimbursement of spray costs,
return this **Report Form** with copy of **Weedicide Receipt/s**
before 30 April 2021

To: Strathewen Landcare Group
enquiries@strathewenlandcare.org.au
or: PO Box 722, Hurstbridge 3099