



Invasive Plant Management Program

Invasive Plant Control Treatment – Claim for Payment

Invasive Plant Control Practice Planning is made possible in part by the USDA Forest Service's Landscape Scale Restoration Program

Landowner Name (Payee): _____

Phone Number: _____

Address: _____

If the Landowner Payee name or address is different from the name or address on the original Application Form, please contact the Maine Forest Service.

I am hereby making claim for cost-share payment under the Maine Forest Service Invasive Plant Management Program for an Invasive Plant Control Practice Plan prepared by:

_____ (Plan Preparer's name) on _____ (date)

for _____ surveyed acres on _____ (tax map & lot #s)

in the town of _____.

Landowner signature(s) _____ Date _____

[For Maine Forest Service use only]

District Forester name: _____

Treatment meets program standards: Yes No

Documentation complete/acceptable: Yes No

Total treated acres: _____

Total treatment cost: _____

District Forester signature: _____ Date _____

Cost-share payment authorized:

Signature of Division Director:

_____ Date _____