



Invasive Plant Management Program

Invasive Plant Control Practice Plan -- Landowner/Forester Affidavit

(in lieu of Proof of Payment)

| Landowner: I, | , have received a completed Invasive Plant (plan preparer's name) | |
|--|---|--|
| Control Practice Plan prepared by | | |
| on (<i>date</i>) for | surveyed acres on (tax map & | lot #) |
| in the town | | |
| eligible to receive cost-share reimburs | for the development of this Plan with the understanding sement from the state once my claim for payment is appr ment in my records for a minimum of 5 years. | |
| Check #(s) | (required). | |
| | Date | |
| Plan preparer: I, | , (Licensed Forester # if applicable, r services rendered in the development and completion or ractice Plan in the amount of \$ |) |
| | Date | |
| Proof of payment for cost share reimbursement a copy of the <u>cancelled</u> check (<u>both second</u>) a similar written record generated by transferred from the landowner to a <i>This Affidavit may be submitted</i> <u>in lieu of the</u> | nt for Invasive Plant Control Practice Plans consists of: <u>sides</u>), OR by the bank that clearly shows that funds in a given amount have | been er(s) are <u>requirea</u> |
| upon request from the Maine Forest Service. If payment is made in a form other than a che | ck, a <u>notarized statement</u> signed by the plan preparer asserting that ollar value of payment, may substitute as proof of payment. | |

In all cases, MFS reserves the right to request additional documentation.