

Lake County Weed Control District

P O Box 670

Pablo MT 59855

406.883.7330

weed@lakemt.gov

Application #

**Application and Field Inspection Form
Lake County Whitetop Relief Program**

Telephone/Contact # _____

Email address _____

Name or Farm _____

Address _____

Land Legal Description _____

Type of crop _____

Pre Inspection Date _____

Number of Acres treated _____

Post Inspection Date _____

Irrigated? Yes ___ No ___

Signature _____

**Vicinity Map or attach a
Google Earth map**

Product Purchased

Amount

Cost

Hi Dep _____

Metcel/Amtide _____

Surfactant _____

Total Amount Due _____

Total Amount Paid _____