

**WASATCH COUNTY
COOPERATIVE WEED MANAGEMENT AREA (CWMA)
PARTNERSHIP AGREEMENT**

The following is a project summary of the work I have completed during this year's growing season:

Number of acres treated _____

Physical address of area treated _____

Mailing Address (if different from above) _____

How many hours did you spend spraying this season? _____

How many times did you spray? _____

How much herbicide did you use? _____

Did you **buy** any chemical (circle one)? NO YES

If yes, what type did you buy? _____

Type of results this season? _____

Signature

Date

Printed Name

Phone Number

RETURN TO:

ASIMPSON@WASATCH.UTAH.GOV

OR

WASATCH COUNTY WEED DEPT.
P.O. BOX 69, HEBER CITY, UTAH 84032
(435) 654-1661

Return Form By: September 25, 2023