

FWC Uplands Program FY12 Herbicide Bank Request Form

Requestor: _____ **Phone:** _____ **E-mail:** _____

Management Unit Name and Task Assignment # (if re-treatment): _____

Delivery Address for Herbicide (where you want the truck to show up):

Mailing Address for your office (if different from delivery address):

Briefly describe the project site, including total project area size:

List the type or brand* of herbicide/adjuvant requested and treatment info:

| Species | Acres | Method | Herbicide | Quantity |
|---------|-------|--------|-----------|----------|
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*IPMS reserves the right to substitute equivalent generics

Send completed form to:

Ruark Cleary
Habitat and Species Conservation
Invasive Plant Management Section
3900 Commonwealth Blvd, MS 705
Tallahassee, Florida 32399-3000
ruark.cleary@myfwc.com
Office: 850.617.9427, Fax: 850.922.1249