

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

*IPMS reserves the right to substitute equivalent generics

Send completed form to:

Ruark Cleary
Upland Weeds Program
Invasive Plant Management Section
3900 Commonwealth Blvd, MS 705
Tallahassee, Florida 32399-3000
ruark.cleary@myfwc.com
Office: 850.245.2828, Fax: 850.245.2835