

BIO-CONTROL AGENT REQUEST FORM (revised 2024)

Contact info:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Work phone: _____ Home/cell phone: _____

Email address: _____

Noxious Weed Information

Please tell us a little about the kinds of weeds that you would like bio-control to help you reduce.

Primary Target Weed: _____

Target Weed 2 (if more than one): _____

Target Weed 3 (if more than one): _____

Bio-control Agent requesting _____
(Leave blank if not sure)

Land Ownership (circle one): BLM County State USFS Tribal Private Other _____

Approximate size of weed area to be treated (acres): _____

Additional Notes/Comments: _____

Please submit to: Email: ClaudiaLY@nezperce.org
Mail: Nez Perce Tribe Bio-control Center
P.O. Box 365, Lapwai, ID 83540
Fax: (208) 843-9373 Office: (208) 843-9374