

**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: 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](mailto: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