

INDIVIDUAL WEED MANAGEMENT PLAN (IWMP)

Company Name: _____

Owner's Name or person in-charge of the land: _____

Mailing Address: _____

Telephone Number: _____ Subdivision: _____

Section: _____ Township: _____ Range: _____ Acres: _____

Zoning: _____ Current use: _____

State the weed(s) to be managed, the degree of current infestation for each weed, the control methods, goal infestation level and expected date to reach that level.

Infestation site: if different from above, then give specific directions to the site and a description of the boundary lines:

Please attach Parcel Map

Approved: _____

Douglas County Weed Inspector
(303) 660-7480

Date: _____

Received: _____

Landowner/Occupant

Date: _____