This form supplied by the Minnesota Department of Agriculture for use by the County of Phone						
			Eradicate Noxious Wee			
	Notice No. 3	Control of	Liadicate Noxious Week	us		
-						
	: Type or use black ink to ose individuals noted at th		pon completion and appropriate si s form.	gnatures, co	opies should be	
	nbursed. The statement of	• •	for a statement to be filed with the control or eradication of noxious	•	•	
Owner			Occupant or Public Official			
Owner Address			Occupant or Public Official Address			
The person(s) ser 20	ved failed to control or e	radicate noxiou:	s weeds as required in an individual	notice serv	red on	
Date County /			Municipality	Municipality		
			. , Da			
				·		
LEGAL DESC	RIPTION OF LAND					
Subdivision	Section/Block		Township or City		Range/Lot Number	
ITEMIZED CO	OSTS					
Labor Costs						
Material and Eq	uipment Costs					
Inspector's Exp	ense (Miles @_	and	Hours (@)			
Cost for Service	e					
			Total Cos	t		
	ON BY PERSON HIR correct statement of the so	•	NSPECTOR, AND COUNT and materials used.	Y AUDIT(OR	
Person Hired Si	gnature	ed Address]	Date		
Weed Inspector Signature Wee		Weed Insp	d Inspector for		Date	

Date

County Auditor for

County Auditor Signature