
NOXIOUS WEED COMPLAINT FORM

Date: _____

Address of the Property of Concern: _____

Property Owners Name: _____ Unknown

Property Owners Phone Number: _____ Unknown

Please answer the following questions to the best of your knowledge:

1. Do you know if the weed(s) are Montana Noxious Weeds?

Yes No Unknown

If yes, please list what species they are?

2. Have you spoken to the property owner about your concern?

Yes No

If yes, please provide a description of your interaction in the space below.

3. Is the property being managed by someone other than the property owner?

Yes No Unknown

If yes, who is managing the property? _____

4. Please provide a detailed description of your questions and/or concerns.

Please provide your contact information below so that we can follow-up with you regarding your concerns in the circumstance that we need to. **Your information will remain private and is solely for the use of the Park County Weed District.**

For the Park County Weed District office use ONLY:

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact: Phone Email Other _____

NOXIOUS WEED COMPLAINT FORM - FOR OFFICE USE ONLY

Have you spoken with the property owner? Yes No

If yes, Date: _____ Mode of Contact: _____

If no, what is your history of attempts to contact the property owner?

DATE	MODE OF CONTACT	NOTES
	Phone - Email - Front Door - Other	
	Phone - Email - Front Door - Other	
	Phone - Email - Front Door - Other	
	Phone - Email - Front Door - Other	

Is the property owner local? Yes No

If no, who manages and/or leases the property? _____

What is their contact information? _____

Have you performed a site assessment? Yes, *Date:* _____ No

Does the property have Montana or Federal Noxious Weeds? Yes No

If yes, has the owner signed a Cooperative Agreement? Yes No

If yes, has the owner developed a management plan with PCWD? Yes No

Follow-up Required with the property owner? Yes No

Notes:

Reviewed By: _____ *Date:* _____