



Project Assessment

NAME OF APPLICANT: _____

Polk County Parcel Number (required): _____

1. Describe your proposed kudzu eradication improvement project.

Provide "before" photographs of this infested area.

2. Describe the the herbicides you will use and the method of application. ((Note: chemicals used along waterways should be approved for aquatic use.)

3.. If you are hiring someone to use herbicides they need to provide you their professional applicator's license number. (Please record here.)

4 Does your organization have a commitment to keep kudzu or other invasive plants from returning to this site in future years? Will future funds be made available to control this nemesis?

Prepared by: _____

Company Name, if any: _____

Date: _____