

CASCADE COUNTY WEED MANAGEMENT DISTRICT
PERENNIAL NOXIOUS WEED CONTROL
521 1ST AVENUE NW
GREAT FALLS, MT 59404
(406) 454-6920

WEED MANAGEMENT AUTHORIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

The Weed Control District of Cascade County is authorized to provide, for reimbursement of expenses incurred, a noxious weed management program on my property, described as:

Property Description: _____

The following noxious weeds are present and require continued management for compliance with the County Noxious Weed Management Act, Title 7, Chapter 22, Part 21 of the Montana Codes Annotated:

Weed Species: _____

This authorization will continue in effect until revoked by written notification to the Cascade County Weed and Mosquito Management District.

Date: _____

By: _____

Signature