



Bingham County Weed Control

412 West Pacific Ave. Blackfoot ID 83221
(208) 782-3876

Cost-Share Assistance Form

Date _____

Name of Person Receiving CostShare Assistance: _____

Mailing Address: _____

Phone: _____

Crop Treated _____ Acres Treated _____

Weeds Treated _____

Location of Property Treated _____

Additional Comments:

Product(s) Applied	EPA Reg. #	Pesticide Application Rate	Total Amount Pesticide Used	Price
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

Bingham County Weed Departments turns all responsibility over to the Cost-Share Recipient to make sure that all materials will be applied as carefully and accurately as possible according to product label. The Bingham County Weed Department makes no warranties, express or implied NOR assumes any liabilities for injuries or damages to persons, animals, crops, property or soil caused by circumstances beyond our control.

TOTAL \$ _____

COST-SHARE MATCH \$ _____

AMOUNT TO BE PAID \$ _____

YOUR COST-SHARE MATCH WAS PROVIDED BY:

Bingham County Weed Department and ISDA

SIGNATURE _____

SIGNATURE IMPLIES AGREEMENT OF THIS COST-SHARE FUNDING AND ACCEPTANCE OF BILL TOTAL