

This form supplied by the Minnesota Department of Agriculture for use by the

COUNTY OF:

PHONE:

INSPECTOR'S \* NOTICE \* no.3

### Individual Authorization to Control or Eradicate Noxious Weeds

**INSTRUCTIONS:** Using black ink, please write/print legibly. Upon completion and appropriate signatures, copies should be distributed to those individuals noted at the bottom of this form.

Minnesota Statutes Section 18.83, subdivision 7 (2009), provides for a statement to be filed with the county auditor before the person hired can be reimbursed. The statement of costs is for the control or eradication of noxious weeds required by an individual notice served to:

|               |                                     |
|---------------|-------------------------------------|
| OWNER         | OCCUPANT OR PUBLIC OFFICIAL         |
| OWNER ADDRESS | OCCUPANT OR PUBLIC OFFICIAL ADDRESS |

The person(s) served failed to control or eradicate noxious weeds as required in an individual notice served on \_\_\_\_\_, 20\_\_\_\_\_.

|      |        |              |
|------|--------|--------------|
| DATE | COUNTY | MUNICIPALITY |
|------|--------|--------------|

|                             |                 |
|-----------------------------|-----------------|
| KIND(S) OF NOXIOUS WEED(S): | DATE DESTROYED: |
|-----------------------------|-----------------|

#### LEGAL DESCRIPTION OF LAND

|             |               |                  |                  |
|-------------|---------------|------------------|------------------|
| SUBDIVISION | SECTION/BLOCK | TOWNSHIP OR CITY | RANGE/LOT NUMBER |
|-------------|---------------|------------------|------------------|

#### ITEMIZED COSTS

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| Labor Costs.....                                                         |  |
| Material and Equipment Costs .....                                       |  |
| Inspector's Expense ( _____ Miles @ _____ and _____ Hours @ _____ )..... |  |
| Cost for Service.....                                                    |  |
| <b>TOTAL COST</b>                                                        |  |

#### VERIFICATION BY PERSON HIRED, WEED INSPECTOR, AND COUNTY AUDITOR

*This is a true and correct statement of the services rendered and materials used.*

|                          |                      |      |
|--------------------------|----------------------|------|
| PERSON HIRED SIGNATURE   | PERSON HIRED ADDRESS | DATE |
| WEED INSPECTOR SIGNATURE | WEED INSPECTOR FOR:  | DATE |
| COUNTY AUDITOR SIGNATURE | COUNTY AUDITOR FOR:  | DATE |

ONE COPY: COUNTY AUDITOR • ONE COPY: COUNTY INSPECTOR • ONE COPY: PERSON HIRED