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

COUNTY OF: **PHONE:**

County Noxious Weed Inspection Report

- ❑ ROUTINE INSPECTION
- ❑ COMPLAINT
- ❑ VIOLATION FOLLOW-UP
- ❑ OTHER (DESCRIBE)

Entry and inspection by authority of Minn.Stat. 18.79, subd. 2, 3, and 5 and 18.81, subd.1a.

COUNTY	
TOWNSHIP/CITY	DATE

Description of Noxious Weed Infested Land

SECTION/BLOCK	SUBDIVISION	RANGE/LOG

LANDOWNER'S NAME	OCCUPANT'S NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

NOXIOUS WEEDS OBSERVED ON THE ABOVE DESCRIBED LAND: *(please specify)*

ERADICATE	CONTROL
1.	1.
2.	2.
3.	3.
4.	4.

ACTION TAKEN (PLEASE CHECK ONLY IF STATEMENT IS TRUE):

1. ❑ Noxious weeds are actively growing on the land described and control or eradication measures are not apparent.
2. ❑ Noxious weed problem noted in this inspection was referred to county or local inspector for further action.
3. ❑ Informal notice made for voluntary compliance (personal contact, letter, postcard, or telephone call).
4. ❑ Noxious weeds have viable propagating parts and are capable of spreading to property of adjacent landowners.
5. ❑ An individual notice served to enforce control or eradication of noxious weeds.
6. ❑ Sample of viable noxious weed propagating parts obtained as evidence (describe sampling procedure in remarks section.)
7. ❑ The material or equipment described below may be transported on a public road without a permit.
8. ❑ The material or equipment described below is unlawful to transport on a public roads without a permit.
9. ❑ Noxious weeds have been controlled or eradicated as required by an individual notice.
10. ❑ Noxious weeds have not been controlled or eradicated as required by an individual notice.
11. ❑ Other _____

REMARKS:

INSPECTOR'S NAME, TITLE AND TELEPHONE NUMBER	INSPECTOR'S SIGNATURE
INSPECTOR'S NAME, TITLE AND TELEPHONE NUMBER	INSPECTOR'S SIGNATURE
LANDOWNER'S SIGNATURE	OCCUPANT'S SIGNATURE

In accordance with the Americans with Disabilities Act, an alternative form of communication is available upon request. TDD: 1-800-627-3529. MDA is an equal opportunity employer and provider. **www.mda.state.mn.us**