



**Mississippi Coastal Plains
Resource Conservation & Development Council, Inc.**

2016 Cogongrass Application
P. O. Box 506
Perkinston, MS 39573
Phone: 601-528.1174

Property Owner

Name: _____

Address: _____

Phone Number: _____

Property Location if Different than above (must be a physical address and/or GPS coordinates):

Cogongrass infestation is located in: Longleaf Pine Timber, Gopher Tortoise Habitat
 Rare or Endangered Plant or Animal Habitat

I, as property owner in _____ County, agree to the following for treating cogongrass:

- To apply the herbicide(s) at the labeled and recommended rates for any site treated on my property.
- To provide additional surfactant as recommended.
- The deadline for treatment is 4-6 weeks prior to frost or about November 1st.
- To allow MsCWMA or MCPRCD personnel and/or their contracted agents access to property for treatment and/or verification purposes.

I have received ____ gallon(s) to treat _____ acre(s).

Cogongrass treatment recommendations – 2% solution of glyphosate.

Signature of Property Owner

MCPRCD Representative

Date