

**Texas A&M Forest Service**  
**OAK WILT SUPPRESSION PROJECT**  
 Application for Sharing of Treatment Expenses

Forester <b>Camille Wiseman</b>	Applicant's Name and Address <b>Williamson County Parks &amp; Recreation River Ranch County Park 1751 CR 282 Liberty Hill, TX 78642</b>	Oak Wilt Center/Treatment ID <b>21-AN-1-1</b>
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Telephone Number <b>512-364-8336</b> (Home) <b>512-943-1944</b> (Work) (Cell)	County <b>Williamson</b>	USGS Quad Name <b>Liberty Hill</b>	Lat/Lon	UTM
Driving Directions: <b>799 Silver Creek Dr, Leander, TX 78641</b>				

**Applicant's Request**

I request cost sharing for the treatment(s) listed below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Treatment Summary**

<i>Treatment</i>	<i>Extent</i>	<i>Cost Shares</i>
Trenching	feet	\$1,000.00

\_\_\_\_\_  
Signature of Project Director

**TOTAL**    **\$1,000.00**

\_\_\_\_\_  
Date Approved (m/d/y)

**Expiration Notice**

All treatment components must be completed and reported to forester by: \_\_\_\_\_

Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

**Completion Summary****Office Use Only**

No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
<b>TOTALS</b>					