TOTALS

Texas A&M Forest Service

OAK WILT SUPPRESSION PROJECT
Application for Sharing of Treatment Expenses

		Applicati	on for Sharing of Ti	eatment Expenses			
Forester Camille Wiseman		ļ	Applicant's Name ar Williamson County River Ranch Count 1751 CR 282 Liberty Hill, TX 786			Oak Wilt Center/Treatment ID 21-AN-1-1	
Telephone Nu 512-364-833 512-943-194	36 (Home)	County Williamson Driving Directions	Libe	uad Name erty Hill k Dr, Leander, TX 7864	Lat/Lon	UTM	
Applicant's Re	quest	tommientementische zud (1940 \$1200 o		A Valence of the Committee of the Commit	Land Control of the C	A	
I request cost s	haring for the treatment	t(s) listed below.					
Applicant's Sign	nature: Bill	Kamely		Date:	Augu	ot 18,2020	
Treatment Sun	nmary						
Treatment	Extent	Cost	Shares				
Trenching	feet	\$1,00	0.00				
				S	ignature of Proje	ct Director	
		TOTAL \$1,00	0.00	Date Approved (m/d/y)			
Expiration Not	ice						
All treatment co	omponents must be con	npleted and reported to for	ester by:				
			I	Expiration Date (m/d/y)			
Your request fo treatment, or if	or project cost-sharing to you cannot complete it	o perform the treatment(s) by the expiration date, ple	listed above is app ase notify the issuir	roved for the specified page TFS forester at once.	property. If you o	decide not to perform this	
Completion Summary				Office Use Only			
No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid		Date Paid	
