

## REQUEST FOR NO OBLIGATION COST ESTIMATE TO TREAT INVASIVE PLANTS UNDER EXISTING MUNICIPAL PERMIT

Applicant Information	
Name of Responsible Party (Homeowner, Business, HOA President, etc.)	
Property Address	Telephone Number
City, State, ZIP	
<i>I hereby allow representatives of the local government, including staff, volunteers, and contractors, to access my property for the purposes of estimating the cost to treat the invasive species infestation on my property.</i>	

Applicant's Signature	Print Name	Date
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Site Information
General Location and Description of Site

Info Below To Be Filled Out By Contractor	
Referred To	Date
Estimate	Site #
Description of Work	

Email completed form to: [shawn.duke@cardno.com](mailto:shawn.duke@cardno.com), call 517.862.6897, or

Mail completed form to licensed Contractor: Cardno, 8000 Kensington Ct, Brighton MI 48116