

F) Does your township or borough have a weed ordinance? Yes___ No___

If yes, did you contact them about this problem? Yes___ No___

What were the results? _____

G) Is this weed infestation next to or near agricultural land or farming operations?

Yes___ No___

If yes, please explain? _____

(*Additional aggrieved parties may be added on reverse side or appended on additional sheets).

Mail or Fax to:

Botanist
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