

***LANDOWNER VERIFICATION OF NEED FOR PRODUCT/SERVICES***

***DATE:*** \_\_\_\_\_

I, \_\_\_\_\_ (NAME), understand that I can purchase agricultural chemicals and poisons for weed and pest control, and application services related to weed and pest control from commercial services

I hereby certify to the Fall River County Weed and Pest Board and the Fall River County Weed and Pest Supervisor that I have contacted commercial businesses related to the purchase of agricultural chemicals and poisons for weed and pest control, and application services related to weed and pest control. That the agricultural chemicals and poisons for weed and pest control, and application services related to weed and pest control, are not available through these commercial sources. I further understand that the rate charged to me by the Fall River County Weed and Pest Board for agricultural chemicals and poisons for weed and pest control, and application services related to weed and pest control, will be higher than that charged by commercial sources.

I hereby consent to the Fall River County Weed and Pest Board providing to me agricultural chemicals and poisons for weed and pest control, and/or application services related to weed and pest control. Attached hereto is a copy of the application record and/or bill of sale related to the products/services which I am requesting the Fall River County Weed and Pest Board to provide.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_