



THE CITY OF MADRAS

City of Madras Application Form – Noxious Weed Grant Program

Date: _____

Owner/Applicant Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Project Location Address: _____

Project Description
(Abatement Process):

Type of abatement: _____

Estimated Cost: \$ _____

Program Funds Requested: \$ _____

Required for Application Submittal

Pictures of Noxious weeds to be abated

Applicant Certification

The undersigned applicant agrees, declares, and certifies under penalty of perjury as follows: (a) applicant is the legal owner of the property where the proposed noxious weed abatement will occur and has all requisite power and authority to sign and submit this application; (b) all information contained in this application (and any accompanying materials) is true, accurate, and complete; (c) applicant has read, understands, and agrees to comply with the terms and conditions of the Noxious Weed Grant Program, including, without limitation, those contained in City of Madras Resolution No. 12-2018.

Applicant Signature: _____

Date: _____

Applications must be scanned and emailed to mquinn@ci.madras.or.us or hand delivered or mailed to Public Works Department, City of Madras, 125 SW "E" Street, Madras, Oregon 97741.

FOR OFFICE USE ONLY		
Approved By: _____	Date: _____	Amount: _____
Receipt No. Right of Way Permit _____		



THE CITY OF MADRAS

City of Madras Reimbursement Request Form – Noxious Weed Grant Program

Date: _____

Owner/Applicant Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Project Location Address: _____

Contractor Selected: _____

Date(s) Abatement occurred: _____

Actual Cost to Perform

Noxious weed abatement: \$ _____ (attach actual invoice)

Program Funds Requested: \$ _____ (subject to applicable funding limitations)

Applicant Certification

The undersigned applicant agrees, declares, and certifies under penalty of perjury as follows: (a) applicant is the legal owner of the property where the noxious weed abatement were completed and has all requisite power and authority to sign and submit this reimbursement form; (b) all information contained in this reimbursement form (and any accompanying materials) is true, accurate, and complete; (c) applicant has read, understands, and agrees to comply with the terms and conditions of the Noxious Weed Grant Program, including, without limitation, those contained in City of Madras Resolution No. 12-2018; (d) all abatement work has been completed in compliance with all applicable terms and conditions of the Noxious Weed Grant Program, including, without limitation, those contained in City of Madras Resolution No. 12-2018.

Signature: _____ Date: _____

Reimbursement forms must be scanned and emailed to mquinn@ci.madras.or.us or hand delivered or mailed to Public Works Department, City of Madras, 125 SW "E" Street, Madras, Oregon 97741.

FOR OFFICE USE ONLY

Date Reimbursement Form Received: _____

Program Funds Requested: \$ _____

Date Application Approved: _____

Program Funds Approved: \$ _____

City Employee Approving Application: _____

Contractor Invoice Amount: \$ _____

Authorized for Payment:

By: _____ Date: _____ Amount:

GL Code: _____