



NOXIOUS WEED CONTROL REQUEST

INSTRUCTIONS: Submit completed form to the Department of Highways District Office for the county in which the requestor resides. District office information can be accessed at the link below:
<https://transportation.ky.gov/DistrictPages>

SECTION 1: REQUESTER INFORMATION

FIRST NAME	LAST NAME	PHONE	
ADDRESS	CITY	STATE	ZIP

SECTION 2: NOXIOUS WEED SELECTION

Indicate the noxious weed(s) for which eradication is requested. (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Amur Honeysuckle | <input type="checkbox"/> Kudzu |
| <input type="checkbox"/> Canada Thistle | <input type="checkbox"/> Marestalk |
| <input type="checkbox"/> Common Teasel | <input type="checkbox"/> Multiflora Rose |
| <input type="checkbox"/> Giant Foxtail | <input type="checkbox"/> Musk or Nodding Thistle |
| <input type="checkbox"/> Japanese Knotweed | <input type="checkbox"/> Poison Hemlock |
| <input type="checkbox"/> Johnsongrass | |

SECTION 3: REQUEST

I, _____, hereby request that the Department of Highways take measures to control
(first name, last name)
the weed(s) indicated above that have been declared noxious by the State of Kentucky under Statute Number 176.051.

I own property in _____ County, which is adjacent to State Route _____
located between milepoints _____ and _____. I also understand that to be eligible for this program I must be
engaged in a weed control practice of one or more of the above noted weeds on my property, which is located adjacent
to the stated right-of-way.

SIGNATURE DATE

KYTC USE ONLY

Request approved

Request denied Reason for denial: _____

SIGNATURE DATE