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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*.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | Amur Honeysuckle | | | | | | | | | | | | | | |  | | | | |  | | | | | Kudzu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | | | Canada Thistle | | | | | | | | | | | | | | |  | | | | |  | | | | | Marestail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | | | Common Teasel | | | | | | | | | | | | | | |  | | | | |  | | | | | Multiflora Rose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | | | Giant Foxtail | | | | | | | | | | | | | | |  | | | | |  | | | | | Musk or Nodding Thistle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | | | Japanese Knotweed | | | | | | | | | | | | | | |  | | | | |  | | | | | Poison Hemlock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | | | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |