



REQUEST FOR NO OBLIGATION COST ESTIMATE TO TREAT PHRAGMITES UNDER CHARTER TOWNSHIP OF MILFORD PERMIT

1. Applicant Information	
Name of Responsible Party (Homeowner, Business, HOA President, etc.)	
Property Address	Telephone Number
City, State, ZIP	Email
<i>I hereby allow representatives of the Charter Township of Milford, including staff, volunteers, and contractors, to access my property until December 31, 2019 for the purposes of estimating the cost to treat the Phragmites infestation on my property.</i>	

Applicant's Signature _____ Print Name _____ Date _____

2. Site Information	
General Location and Description of Site	
3. Cost Estimate Information (office use only)	
Referred To	Date
Estimate for Treatment	Estimate for Phragmites cutting at least 1 month after treatment. Cut stems will be left in place.
Description of Work	

Instructions

- Fill out the information in parts 1 and 2 of the form above.
- On an aerial photograph, outline approximate locations of Phragmites patches on your property. A map with property boundaries is preferred. You can search for your property and print a map from the Oakland County Property Gateway (gis.oakgov.com/PropertyGateway)
- Submit this form and map with Phragmites locations to Charter Township of Milford by **email** (supervisor@milfordtownship.com), **mail** (1100 Atlantic St, Milford, MI 48381), or **in person to our office** (1100 Atlantic St, Milford, MI 48381).