

Arum Lily Project 2020 EXPRESSION OF INTEREST FORM

Name

Property Address

Postal address

Email

Contact number

Shire

Did you receive and pay the Declared Pest Rate? *(Click box to select)* Yes No

ARUM LILY

Approx. area covered in arum on your property(m2)

Have you done any Arum Lily control on your property before? Yes No

If yes, was it successful? Yes No

If yes, what method did you use?

(include name of herbicide if applicable)

If no, what has stopped you previously?

(cost, physical capability, didn't know it was a pest etc)

Does the infestation continue into the neighbouring property Yes No

If **yes**, can you approach the neighbours and ask them to sign up for this project?

Will you need to hire a knapsack sprayer (free of charge)? Yes No

Do you agree to re-spray the area in two years time? Yes No

Do you agree to use the supplied herbicide as directed? Yes No

Would you like to be notified of LBG's upcoming projects? Yes No

**THANK YOU FOR REGISTERING YOUR EXPRESSION OF INTEREST.
PLEASE EMAIL TO INFO@LBGINC.ORG.AU**