

## African Love Grass Herbicide Assistance Application Form

**PRIVACY NOTICE:** SOUTH BURNETT REGIONAL COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION FOR THE PURPOSE OF PROCESSING THIS FORM. COUNCIL WILL RETAIN THESE DETAILS FOR THE PURPOSE OF CONTACTING YOU WITH REGARDS TO ANY COUNCIL RELATED MATTERS. YOUR PERSONAL DETAILS ARE HANDLED IN ACCORDANCE WITH THE *INFORMATION PRIVACY ACT 2009* AND WILL BE USED FOR THE PURPOSES OF RESPONDING TO YOU AND WILL NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY EXTERNAL TO COUNCIL WITHOUT YOUR CONSENT, UNLESS REQUIRED OR AUTHORISED BY LAW.

### Applicants Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Name of Road and Lot on Plan adjacent to where chemical will be used

Road Name: \_\_\_\_\_

Lot on Plan: \_\_\_\_\_

### How much Taskforce do you require to undertake treatment until June 2019?

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### Area of *African Love Grass (ALG)* on your property (ha) / area of *ALG* on the roadside

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### What level of infestation do you have on your property? i.e. dense, scattered, isolated

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### When did you first notice that there was *ALG* on your property?

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### What treatment methods are you currently using?

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### How often do you undertake treatment?

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**How much time do you spend treating ALG each year?**

Labour (Hours) \_\_\_\_\_

Equipment (Hours) \_\_\_\_\_

**What do you spend on treatment each year?**

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**Do you require assistance in the form of equipment? e.g. access to a quick spray unit.**

☐ Yes *(please provide details below)*

☐ No

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**Would you like to receive information on upcoming workshops and funding opportunities via email? If yes please include email address**

☐ Yes *(please provide contact email address below)*

☐ No

Email Address: \_\_\_\_\_

**If your application is successful which of the following locations would you like to pick up your herbicide from? *(Please Tick)***

☐ Boondooma  
Homestead

☐ Darr Creek Oasis

☐ SBRC Wondai Depot  
*(Council's NRM Officer will  
contact you to discuss a  
collection time.)*

☐ SBRC Kingaroy Depot  
*(Council's NRM Officer will  
contact you to discuss a  
collection time.)*

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_