



Hot Springs County Weed & Pest Control District

P.O. Box 543 | 711 Springview St.

Thermopolis, WY 82443

Office: (307) 864-2278

hscwpcd@gmail.com | hscweedandpest.com

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Whitetop Special Management Zone Formation - Landowner Consent

The undersigned landowner consents to the formation of
Management Zone # _____
as part of the Whitetop Special Management Program in Hot Springs County,
pursuant to W.S. 11-5-301 through 303.

Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Landowner Signature: _____

Printed Name: _____

Date: _____

Consenting to the formation of the management zone does not mean you are required to participate; a cooperative agreement shall be executed before any work is completed



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Whitetop Special Management Program Survey

Name:	
<input type="checkbox"/>	Check box, and continue to questions if contact information is the same as the landowner consent form (If lessees or land managers fill this out, include new contact information)
Physical Address:	
Mailing Address:	
Town, State, Zip:	
Home Phone:	
Cell Phone:	
Email:	

Questions:					
When would you like to be contacted for treatment?		Beginning of the Season			
		Before HSCWP accesses the property for every treatment			
		I will contact HSCWP to request treatment			
		Other:			
How would you prefer to be contacted? (please circle)	Cell	Home Phone	Email	Text Message	
Have you noticed whitetop on your property in the last few years? Estimated amount?					
Even if you have not noticed whitetop on your property, it is beneficial to sign up for the program. You have been selected to participate because it has been found in your area recently or in the past, and has the potential to be discovered there again.					
If so, where have you found it? (this helps us decide which herbicide may be needed)		Alfalfa field		In natural standing water	
		Irrigated grass hay field		Under native Cottonwood trees	
		Irrigation ditch		Other:	
		Along the river/creek			
		Native Rangeland			
Additional Comments:					

This information will be used only to create the cooperative agreement between the landowner/manager and HSCWP. If you would prefer to talk with HSCWP staff instead of filling out the survey or if you have questions, please contact the office. Return this to the Weed and Pest Office before **March 27, 2026**.