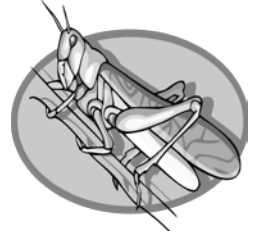




CROOK COUNTY WEED AND PEST

PO BOX 7
802 S. 11th Street
Sundance, WY 82729
307-283-2375
ccwp@rangeweb.net



RECEIVERSHIP AUTHORIZATION FORM

I, _____ authorize the following individuals to receive Restricted Use Chemicals from Crook County Weed and Pest. These individuals have the authority to receive and deliver Restricted Use Chemicals to me for my own use.

Persons authorized to receive chemical:

1. _____
2. _____
3. _____
4. _____
5. _____

*** NOTE:** The Crook County Weed and Pest must be notified as soon as possible of any changes in the authorization list.

The chemicals should be billed to: _____

Signature: _____

License No.: _____

Expiration Date: _____

Address:

