



APPLICATION FOR MONTROSE COUNTY WEED COMMISSION

Thank you for your interest in applying for the Montrose County Weed Commission. Please be as thorough as possible when completing this application. After screening all submitted applications, interviews will be conducted by the Board of County Commissioners. Please submit your completed application by U. S. Mail to Susan Byrne, 317 S 2nd Street, Montrose, CO 81401, or by email to sbyrne@montrosecounty.net, or fax (970)249-7761.

DATE: _____

PART 1: PERSONAL INFORMATION

Full Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Contact By: Phone _____ Email _____ Text Message _____

How long have you lived in Montroe?

_____ PI

ease tell us a little bit about yourself:

Describe any volunteer or community activities in which you are currently involved:

Will you be able to attend 1 Board meeting each month, and attend additional committee meetings each month: Yes_____ No_____

PART 2: EMPLOYMENT HISTORY

Name of your present employer or if retired your last employer:

Address and contact information for present employer:

Job Title:

May we contact you at work? Yes___ No___

PART 3. EDUCATION:

HIGH SCHOOL/COLLEGE	ADDRESS	YEARS ATTENDED	DEGREE & YEAR

List the following information for three personal or professional references:

NAME	RELATIONSHIP	YEARS KNOWN / PHONE #

PART 4. BACKGROUND INFORMATION

How long have you lived in Montrose County?

PART 4. DETAIL

MONTROSE COUNTY WEED COMMISSION

1. Do you own more than 40 acres in Montrose County?

2. Do you live within the Montrose County Pest Control District?

3. Are you familiar with the State Noxious Weed Law?

4. Do you have an understanding of the criteria for the addition of a species to the State Noxious Weed Law?

5. What do you hope to achieve as a member of the Montrose County Weed Management Commission?
