

TREATMENT RELEASE FORM

SPOTTED LANTERNFLY ERADICATION PROGRAM

1. Name: Lackawanna County / Mark Dougher
2. Address: 123 WYOMING AVE
3. Title: Deputy Director Parks & Recreation
4. Address of location to be treated (if different than #2): 1000 Montage Mountain Road
5. Operating entity/entities (USDA, State, Research, contractor, etc.): USDA
6. Treatment: SPOTTED LANTERNFLY

Treatment Method	Acres	Trees
Tree of Heaven Trap Tree		
Broadcast: Backpack, Hand Sprayer		
Broadcast: Truck/ATV mounted		
Aerial applica		
Herbicide: (Tr		
Other:		

The USDA is surveying at the Pavilion at Montage Mountain looking for signs of the Spotted Lanternfly

Other methods:

I hereby agree to targeted treatment is no cost for this service. The treatment protocol is described in the attached material. I certify that I am the owner or person in charge of the property and trees located at the above address and grant permission to enter the premises for the sole purpose to inspect, treat and return to verify treatment of the host tree of the Spotted Lanternfly. I give permission to the employees and agents of the cooperating entities (United States Department of Agriculture, State, etc.), and any firms including contractors and sub-contractors hired to treat the trees. Entities shall be fully insured and possess proper pesticide handling certification. If the properties and trees located at the above address are owned by a corporation or partnership or an individual other than me, I certify that I have the authority to execute this instrument on behalf of such corporation, partnership, or individual.

1. Recipient signature:
2. Date:
3. Recipient name and address:

4. Recipient's phone number:
5. Recipient's email address:
6. Issuing official name, address and telephone:

7. Issuing official signature:
8. Date:

Attachments: Trap tree methodology, broadcast spray methodology, aerial application methodology, herbicide only