



# WEED WARRIOR APPLICATION



County of Grande Prairie No. 1

## Contact Information:

Group Name	
Address	
City/Province/Postal Code	
Phone	
E-Mail Address	

Name of Group Representative: \_\_\_\_\_

Signature of Group Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by the County of Grande Prairie:

Safety Package Explained: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Garbage Bags Received: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Total Weight of Weeds Collected (kg): \_\_\_\_\_

Payment Amount: \_\_\_\_\_

County Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_