

TOWN OF DANVERS – ELECTRIC DIVISION
DAILY HERBICIDE APPLICATION LOG – ROW MANAGEMENT

DATE: _____

COMPANY INFORMATION:

NAME: _____
STREET: _____
CITY/STATE: _____
PHONE: _____

HERBICIDE APPLICATION INFORMATION:

NAME OF CATEGORY 40 CERTIFICATE HOLDER: _____
NAME OF APPLICATOR: _____
LOCATION OF APPLICATION: _____
HERBICIDE APPLIED: _____
APPLICATION METHOD: _____
DILUTION RATE: _____
QUANTITY APPLIED: _____

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