

BIOCONTROL AGENT REQUEST FORM (revised 2026)

Contact info:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Work phone: _____ Home/cell phone: _____

Email address: _____

Noxious Weed Information

Please tell us a little about the kinds of weeds that you would like biocontrol to help you reduce.

Primary Target Weed: _____

Target Weed 2 (if more than one): _____

Target Weed 3 (if more than one): _____

Bio-control Agent requesting _____
(Leave blank if not sure)

Land Ownership (circle one): _____ Other: _____

Number of infested patches w/area (in acres) of each patch: _____

Additional Notes/Comments: _____

Please submit to: _____ Email: biocontrol@nezperce.org

Please submit to: Email: biocontrol@nezperce.org

Mail: Nez Perce Tribe Bio-control
P.O. Box 365, Lapwai, ID 83540

Fax: (208) 843-9373 **Office:** (208) 843-9374