BURR RIDGE
PUBLIC WORKS

Emerald Ash Borer

EMERALD ASH BORER TREATMENT FORM

Documentation for treatment of public ash trees*

Name _____

Property Address_____

Contact Number_____

Email_____

Please indicate the location, quantity and diameter of the trees being treating for EAB control.

Number of trees treated _____

USE THE BOX BELOW TO SKETCH YOUR TREE LOCATIONS (Indicate House and Street)

Product Name(s) (i.e. Meritt™, Bayer Advance™): _____

Method(s) of Application: _____Drench _____ Injection _____ Spray _____ Other

Date of Treatment: _____

Name and Contact Number of Company and Person Performing Treatment Application

Name/Company_____ Contact Number_____

Annual application is required for most products. Please submit this form yearly, along with copies of any receipts and treatment documentation. Keep originals for your records.

Send to: Village of Burr Ridge Public Works. 451 Commerce St. Burr Ridge, IL 60565
Phone: 620.323.4733 Fax: 630.323.4798