



6483 Waldon Center Dr. Clarkston, MI 48346
Indetwp.com

REQUEST FOR NO OBLIGATION COST ESTIMATE TO TREAT INVASIVE PLANTS UNDER INDEPENDENCE TOWNSHIP PERMIT

Applicant Information	
Name of Responsible Party (Homeowner, Business, HOA President, etc.)	
Property Address	Telephone Number
City, State, ZIP	
<i>I hereby allow representatives of the Charter Township of Independence, including staff, volunteers, and contractors, to access my property for the purposes of estimating the cost to treat the invasive species infestation on my property.</i>	

Applicant's Signature _____ Print Name _____ Date _____

Site Information	
General Location and Description of Site	
Info Below To Be Filled Out By Contractor	
Referred To	Date
Estimate	Site #
Description of Work	

Email completed form to: shawn.duke@cardno.com

Mail completed form to licensed Contractor: Cardno, 46555 Humboldt Drive, Ste. 100, Novi, MI 48377