



Town of Tremont

P.O. Box 159
Bernard, Maine 04612
207-244-7204

APPLICATION FOR BROWNTAIL MOTH MITIGATION

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Telephone _____

Type of Mitigation Used

Pesticide
Treatment

Professional
Removal

Tools Purchased

Pesticide Treatment Provider _____ Telephone _____

Location of infected trees _____

Describe your intended mitigation
plan _____

I understand this application will be reviewed by the Town Manager and the amount of any grant is limited by policy. I understand that I may not apply again during this season if approval is granted. I understand that if granted, the Town of Tremont will reimburse me for an eligible expense. I understand that any and all grants under this program are limited by the amount of funds available for distribution. I state that all of the information supplied above is true to the best of my knowledge.

Signature

Date

FOR MUNICIPAL USE ONLY

Date Received: _____ Date Reviewed by Treasurer _____

Recommendation of Treasurer: Approve Deny

If denied, reason for denial: _____

Amount of approval _____

Date approved: _____

Date applicant notified of decision _____

Other Notes: