

**NOXIOUS WEED
COMPLAINT FORM
BUFFALO COUNTY, NEBRASKA**

Date Received: _____ Time: _____

Name of Complainant: _____

Phone Number of Complainant: _____

Name of Landowner: _____

Address of Landowner: _____

Location/Legal Description of Problem (example: Section, Township, Range or Roads that are near infestation) Note: This location **MUST** be within 50 feet of infestation. The better the legal, the easier it is for us to find!!

Complainant Signature: _____

Map of Section:

