



2024 SPONGY MOTH SPRAY REIMBURSEMENT FORM

Ferguson Township, Centre County

APPLICANT INFORMATION	
APPLICANT NAME:	
APPLICANT ADDRESS:	
PROPERTY ADDRESS (IF DIFFERENT THAN ABOVE):	
APPLICANT PHONE NUMBER:	
APPLICANT SIGNATURE:	DATE: / / 2024

PESTICIDE APPLICATOR INFORMATION	
NAME OF PESTICIDE APPLICATOR OR COMPANY:	
PDA APPLICATOR NUMBER (IF AVAILABLE):	
DATE OF APPLICATION :	/ / 2024
NUMBER OF ACRES SPRAYED:	

*PLEASE ATTACH RECEIPT WITH APPLICATION

INTERNAL USE ONLY

DATE RECEIVED BY TOWNSHIP: _____		
ARBORIST APPROVAL:	PROPERTY ACREAGE:	COST PER ACRE:
MANAGER APPROVAL:	FINAL AMOUNT TO REIMBURSE:	

RETURN REIMBURSEMENT FORM AND RECEIPT BY EMAIL TO: arborist@twp.ferguson.pa.us

OR BY MAIL TO: FERGUSON TOWNSHIP 3147 RESEARCH DRIVE STATE COLLEGE, PA 16801