

COTTON PLOWDOWN REDUCED TILLAGE PROGRAM Notification For Cotton Grown in (YEAR)

GROWER'S NAME	DATE OF NOTICE (Must be 10 days prior to start)
GROWER'S PHYSICAL ADDRESS	
GROWER'S MAILING ADDRESS	PHONE # (Where grower can be reached)
CITY, STATE, Zip Code	

I, _____, understand the reduced tillage requirements
Name of Grower
as described in the "Permit For Reduced Tillage System For Cotton Destruction in Districts 2,3 & 4.

**THE SECTIONS LISTED ON THE BACK OF THIS NOTIFICATION ARE
NOT ELIGIBLE FOR THE REDUCED TILLAGE PROGRAM
FOR GROWING SEASON (YEAR)!**

NO PINK BOLL WORM DETECTED IN (YEAR), ALL SECTIONS ELIGIBLE.

I will be using reduced tillage on the following ELIGIBLE ACREAGE:

PESTICIDE PERMIT # _____

Section	Township	Range	Site ID# from Pesticide Permit	Acres	Description of Field Location

Signature of Grower
Fresno Co. Dept. of Ag FAX# (559) 600-2415

Date Submitted

COTTON PLOWDOWN REDUCED TILLAGE PROGRAM
SECTIONS THAT ARE NOT ELIGIBLE FOR THIS PROGRAM:

Township	Range	Section

NO PINK BOLL WORM DETECTED IN (YEAR), ALL SECTIONS ELIGIBLE.