

# Chisago Lakes Lake Improvement District (CLLID)

## Invasive Species Treatment Partnership Program 2023 - Reimbursement Request Form

Lake Association: Lake/s

**To Submit:** Form must be received by October 1st

Suite 240 - Environmental Services

313 N Main St

Center City, MN 55012

**OR**

Email: [benjamin.elfelt@chisagocountymn.gov](mailto:benjamin.elfelt@chisagocountymn.gov)

Species Treated:

Treatment Date

Invoice Number

Work Description

Cost

Is this an Additional Fund Request?

YES

NO

### Please Identify Other Grants Applied For this Treatment Year

Grant

Amount Awarded

### Total Cost:

OFFICE USE ONLY

Approved Yes No

Amount

Approval Name

Approval Signature

Date

Applicant Signature

Date

*Please enter your digital signature above exactly as you would sign the document.  
By signing you agree and consent to providing a digital signature.*