



Shipment Receipt

Address Information**Ship to:**

Mr. Doug Buchanan

109 Silver Hill Ct.

LAKESIDE, TX

76108

US

979-458-6650

Ship from:

Jennifer Hayes

Texas A&M Forest Service

200 Technology Way, Suite

1281

COLLEGE STATION, TX

77845

US

9794586630

Shipment Information:

Tracking no.: 772285592902

Ship date: 12/07/2020

Estimated shipping charges: 8.40 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Home Delivery

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Residential Delivery

Pickup/Drop-off: Drop off package at FedEx location

Billing Information:

Bill transportation to: FRD-Admin-742

Your reference:

PO no.:

Invoice no.:

Department no.:

Thank you for shipping online with FedEx ShipManager at [fedex.com](https://www.fedex.com).

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

FROM: (979) 458-6630
Jennifer Hayes

Texas A&M Forest Service
2001 Agriculture Way, Suite 1291
COLLEGE STATION TX 77845
US

SHIP DATE: 07DEC20
ACTWGT: 1.00 LB
CAD: 251140262INET4290
DIMMED: 12 X 9 X 1 IN
BILL SENDER

TO: Mr. Doug Buchanan

109 Silver Hill Ct.

LAKE SIDE TX 76108

(979) 458-6650

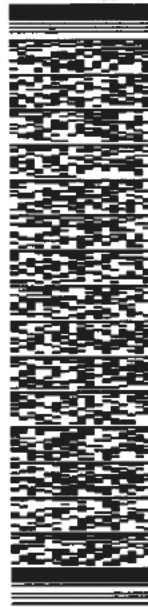
REF:

PO:

DEPT:

(US)

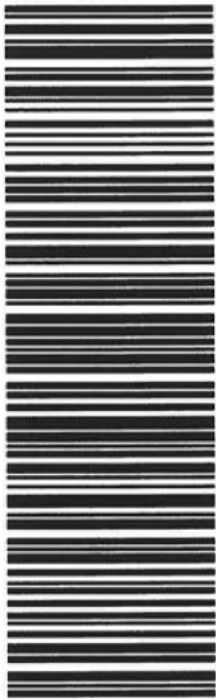
56B.129196/8766



J20202007 1401uv

TRK# 7722 8559 2902

76108



9622 0804 3 (000 000 0000) 0 00 7722 8559 2902

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: IMPORTANT: TRANSMIT YOUR SHIPPING DATA AND PRINT A MANIFEST:

At the end of each shipping day, you should perform the FedEx Ground End of Day Close procedure to transmit your shipping data to FedEx. To do so, click on the Ground End of Day Close Button. If required, print the pickup manifest that appears. A printed manifest is required to be tendered along with your packages if they are being picked up by FedEx Ground. If you are dropping your packages off at a FedEx drop off location, the manifest is not required.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide and applicable tariff, available upon request. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations, including limitations on our liability, can be found in the current FedEx Service Guide and applicable tariff apply. In no event shall FedEx Ground be liable for any special, incidental, or consequential damages, including, without limitation, loss of profit, loss to the intrinsic value of the package, loss of sale, interest income or attorney's fees. Recovery cannot exceed actual documented loss. Items of extraordinary value are subject to separate limitations of liability set forth in the Service Guide and tariff. Written claims must be filed within strict time limits, see current FedEx Service Guide.



TEXAS A&M FOREST SERVICE

COPY

3.3642

December 4, 2020

Mr. Doug Buchanan
109 Silver Hill Ct
Lakeside, TX 76108

Case ID: 16-GR-2-3

Dear Mr. Buchanan:

Please find enclosed a check in the amount of \$300.00. This is the final reimbursement for the cost shares owed for the work done on your property to suppress oak wilt. This reflects the total and final payment as recognized by the management plan. You have fourteen days to present to this office any additional cost not brought to our attention, after which time this case will be considered closed.

Again, we thank you for your cooperation in this project and hope these efforts are successful in reducing the spread of this tree disease.

If the Texas A&M Forest Service can be of further assistance, please do not hesitate to contact our office nearest you.

Sincerely,

Hughes Simpson
Forest Systems Dept. Head

Enclosure

cc: Rachel McGregor

INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
11/24/20	16-GR-2-3 OAK	E100984	0103421	300.00	.00	300.00
TOTALS				300.00		300.00

COPY

VENDOR NO.	CHECK DATE	CHECK NO.
*****85611	120420	718531

WARNING - Security Features
Included. Details on Back.



**TEXAS A&M
FOREST SERVICE**

200 Technology Way
College Station, Texas 77845-3424

56-382
412

Wells Fargo Bank, N.A.

12/04/20
CHECK DATE

718531
CHECK NO.

PAY **THREE HUNDRED AND 00 / 100 DOLLARS*******

TO
THE
ORDER
OF

**DOUG BUCHANAN
109 SILVER HILL CT
LAKESIDE TX 76108-9472**

\$***300.00**
AMOUNT

*Mar & Zamzow
Robby DeWitt*



TEXAS A&M
FOREST SERVICE

INVOICE TRANSMITTAL

COPY

Voucher No.

To see remaining \$

Reference Voucher No.

Date Submitted: 11/24/2020

Payment Due Date:

(Due 30 days from field office received date)

FAMIS Purchase Order No.: E100984

Early Payment Discount: ☐ Yes ☐ No

Prepared By: Jennifer Hayes

Special "REMIT TO" Instructions for Check?

Office Location: 200 Technology Way, Suite 1281

REMIT CHECK TO JENNIFER HAYES

Phone Number: 979-458-6650

Vendor Name: DOUG*BUCHANAN

Invoice Number: OW 16-GR-2-3

Vendor ID (screen 203): 24490285611

Invoice Date: 11/24/20

Alternate Vendor Name:

Invoice Received Date: 11/24/20

Alternate Vendor ID:

Customer Account Number: TFS

Total Amount Submitted: \$ 300.00

Dates of Service: From
To

☐ Check if **PARTIAL** payment of purchase order ☒ Check if **FULL AND FINAL** payment of purchase order

I certify that the attached invoice for services or goods is incurred in support of activities related to the Texas A&M Forest Service; is properly chargeable to the account; corresponds in every particular with the contract under which it was procured; and is true and unpaid.

Jennifer Hayes
Signature

November 24, 2020

Date

TFS BUSINESS OFFICE USE ONLY

☐ Check if Revolving

W9 Year: _____

Funds: _____
S, L, M

FAMIS TC: 14 _____

USAS Doc Type: _____ PCC Code: _____ PDT Code: _____ LDT Code: _____
(2,3,9) (E,Z,Q) (D,R)

ICC Code: _____ - _____ - _____

Requested Payment Date: _____

Audited and Entered in FAMIS by _____ Date _____

Approved for payment _____ Date _____

Grants Administrator Approval _____ Date _____

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
 Application for Sharing of Treatment Expenses

Forester Rachael McGregor	Applicant's Name and Address Doug Buchanan → <i>Silver</i> 109 Silver Hill Ct Lakeside, Tx 76108	Oak Wilt Center/Treatment ID 16-GR-2-3
-------------------------------------	--	--

Telephone Number 817-944-3432 (Home) ____ (Work) ____ (Cell)	County Tarrant Driving Directions:	USGS Quad Name Springtown	Lat/Lon 32:49:20 -- 32.82 97:32:27 -- 97.54	UTM N36252 E636588
--	---	-------------------------------------	---	--

Applicant's Request

I request cost sharing for the treatment(s) listed below.

Applicant's Signature:

Doug Buchanan

Date:

*08/28/20***Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	23 trees	\$500.00

TOTAL	\$500.00
-------	----------

Signature of Project Director

Date Approved (m/d/y)

Expiration Notice

All treatment components must be completed and reported to forester by:

10/25/20

Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

Completion Summary**Office Use Only**

No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
<i>6</i>	<i>10/22/20</i>	<i>\$750.00</i>	<i>RM</i>	<i>\$300.00</i>	<i>11/24/20 JH</i>
TOTALS					

TFS 6873p

Texas A&M Forest Service

Oak Wilt Suppression Project

Performance Report

Cooperator Name: **Doug Buchanan**

Treatment ID: **16-GR-2-3**

Trenching

Vendor Name and Address:

☐ **Approved**

☐ **Rejected**

Vendor Phone Number:

Performance Report:

Tree Pushing

Vendor Name and Address:

☐ **Approved**

☐ **Rejected**

Vendor Phone Number:

Performance Report:

Red Oak Removal

Vendor Name and Address: **Mario's Lawn Service**

Ft Worth, TX

☒ **Approved**

☐ **Rejected**

Vendor Phone Number:

Performance Report:

Bill Garrett Const.

COPY

Doug Buchanan

Tree removal

Cut down 6 trees

Drag to curb

Chop and stack

Labor \$500.00

Paid in full

Bill Garrett

COPY

DOUGLAS W BUCHANAN
109 SILVER HILL CT
LAKESIDE, TX 76108

5418

88-2360/1119

Date 09/08/20

CHECK ARMOR
TRADE PROTECTION

Pay to the
Order of

Bill Barnett

\$ 500.00

Five Hundred & 00/100

Dollars

Photo
Safe
Deposit
Details on back



SOUTHSIDE
BANK

For

Trees Removed Douglas W Buchanan

552.136

Mario Lopez 817-995-5586

COPY

Mario Lawn Services

10/22/20 109 Silver Hill Ct.

Remove 10 Stumps and haul off \$250.

Mario Lopez

Ck # 5433

COPY

FREE Estimates

Landscaping

Complete lawn maintenance

Residential / Commercial

Over 12 years of Experience

817-995-5586

P.O. Box 64164 Fort Worth TX, 76164

MariosLawnServices@yahoo.com

**LICENCE AND INSURANCE
ESTABLISHED SINCE 1997**



3.3642

October 21, 2020

Mr. Doug Buchanan
109 Silver Hill Ct
Lakeside, TX 76108

COPY

Case ID: 16-GR-2-3

Dear Mr. Buchanan:

Your request for cost sharing to perform treatments to suppress the oak wilt disease on your property has been approved to the extent shown on your application. The Texas A&M Forest Service will share up to 40 percent of your expenses to implement these treatments not to exceed a total of \$500.00. This work must be completed by January 20, 2021. After that date this agreement will be canceled unless an extension is granted.

Please contact Rachel McGregor regarding when the work will be implemented. Since this is a reimbursement, please supply with copies of an invoice or other documentation to verify expenditures so we can expedite payment to you. Proof of payment of these invoices is required. This includes either a receipt or canceled check copied front and back.

If you will be reporting labor as an in-kind contribution toward the cost of installing this practice/s, you must provide documentation by individual and date of hours worked, rate per hour, and total expense. If equipment use is charged, it must be reported by type of equipment, dates used, hours or miles, rate per hour or miles, and total cost.

Thank you for your interest and willingness to cooperate in suppression of this tree disease.

Sincerely,

A handwritten signature in black ink, appearing to read "Shane Harrington". The signature is stylized with large, sweeping loops.

Shane Harrington
Forest Health Program Coordinator

cc: Rachel McGregor

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
 Application for Sharing of Treatment Expenses

Forester Rachael McGregor	Applicant's Name and Address Doug Buchanan → <i>Silver</i> 109 Silver Hill Ct Lakeside, Tx 76108	Oak Wilt Center/Treatment ID 16-GR-2-3
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Telephone Number 817-944-3432 (Home) ____ (Work) ____ (Cell)	County Tarrant Driving Directions:	USGS Quad Name Springtown	Lat/Lon 32:49:20 - 32.82 97:32:27 - 97.54	UTM N36252 E636588
--	---	-------------------------------------	---	--

Applicant's Request

I request cost sharing for the treatment(s) listed below.

Applicant's Signature: *Doug Buchanan*Date: *08/28/20***Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	23 trees	\$500.00

TOTAL	\$500.00
-------	----------

[Signature]
 Signature of Project Director

10/20/20
 Date Approved (m/d/y)

Expiration Notice

All treatment components must be completed and reported to forester by:

10/25/20

Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

Completion Summary

No.	Date Completed	Total Costs	Forester's Initials
-----	----------------	-------------	---------------------

Office Use Only

Cost Shares Paid	Date Paid
------------------	-----------

TOTALS

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
 Treatment Plan

Forester Rachael McGregor	Applicant's Name and Address Doug Buchanan 109 Silber Hill Ct Lakeside, Tx 76108	Treatment ID 16-GR-2-3
-------------------------------------	--	----------------------------------

Case Location:

County	USGS Quad Name	Lat/Lon	UTM	Date
Tarrant	Springtown	N 32:49:20 -- 32.82 W 97:32:27 -- 97.54	N36252 E636588	8/25/2020

Proposed Treatments

Removal and disposal of oak tree of the "red oak" variety that is infected with the fungus that causes oak wilt.

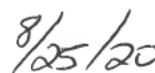
Implementation Procedures

1. Landowner will be responsible for hiring a contractor(s) or providing in-kind labor and/or machinery contributions in completing proposed treatments.
2. Texas Forest Service (TFS) will review project and mark tree(s) to be removed by painting or flagging.
3. Marked tree(s) may be removed by cutting at ground level, or by pushing (rouging) with a bulldozer or tractor.
4. Infected tree(s) will be transported to the nearest landfill or other approved disposal sites (or) Tree(s) will be burned until the outer surface is charred (or) Tree(s) will be buried.
5. Under no circumstances will the infected tree(s) be used for firewood.
6. Upon satisfactory completion, landowner(s) will submit all final receipts of direct project costs (including disposal receipts) to TFS staff forester.

Cost Schedule

<i>Treatment</i>	<i>Extent</i>	<i>Landowner Cost</i>	<i>Cost Shares</i>	<i>Total Cost</i>
Red Oak Removal	23 trees	\$750.00	\$500.00	\$1,250.00
TOTAL		\$750.00	\$500.00	\$1,250.00


 Forester's Signature


 Date



Landowner Acknowledgement Form

Location of Utilities

I hereby acknowledge that I have been informed of my responsibility to locate or have located all underground utilities if I receive funds from any federal/state cost-share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the Texas A&M Forest Service provides technical assistance to help control oak wilt on my property and that installation of trenches or other ground-disturbing activities are often recommended. I understand I can perform the work myself or I can hire a contractor, as long as all work specifications meet TFS technical guidelines, maintains competitive pricing, and cost-share funds are approved before the work is accomplished. The Texas A&M Forest Service will avoid underground utilities whenever possible.

The Texas A&M Forest Service may assist by providing a list of contractors who have performed oak wilt trenching for others or who may be working in the area.

I understand any contractual arrangement, including liability agreements, must be made between myself and the contractor. The Texas A&M Forest Service is here to provide me with technical expertise, not act as a liaison between myself and the contractor. Any cost or time estimates for trenching made by the Texas A&M Forest Service are approximate. I understand it is my responsibility to speak with the contractor about haul fees, hourly or per foot charges, street or sidewalk cuts, billing, and extra services such as chainsaw work, excess soil removal, fence repairs, etc.

As a landowner, it is my responsibility to see that all underground utilities near proposed trenches are located before the scheduled trenching day. These can include:

- (Telephone: community cables, fiber optics, individual and neighbors' buried lines
- (Water: large water lines that may cross my property, house lines, irrigation and sprinkler lines and lines to watering troughs, barns, etc.
- (Cable: television, satellite dish
- (Sewer: septic line, leach (drain) field, gray water system
- (Electric: house, garage, barn, shed, light pole, etc.
- (Gas or Oil Pipe Lines: large gas or oil lines which may cross my property or other gas lines to the house, outside light, etc.

I hereby acknowledge that if any underground utilities are pulled up during the ground-disturbing project, I will NOT hold the Texas A&M Forest Service responsible. I understand it is my responsibility to contact the appropriate "utility" to come out and mark the location of all possible lines.

Doug Buchanan

Name Printed

16-GR-2-3

Case Number


Signature

08/28/20
Date



Landowner Acknowledgement Form Cultural Resource Protection

I hereby acknowledge that I have been informed of the stipulations for protecting cultural resources if I receive funds from any Federal cost share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the TFS forester must conduct a cultural resource survey of the area on which the project will be implemented. This survey will generally involve walking over the area and looking for evidence of cultural resource sites on the ground; however, it may also include subsurface surveys, or shovel tests. Subsurface surveys will be done no deeper than the depth of disturbance by the ground-disturbing activity.

If a site is found within the treatment area, the TFS forester will inform me of such and I will be given the option of dropping the cost share project. If the project is dropped, there are no obligations for the site to be entered in a statewide database managed by the Texas Archeological Research Laboratory (TARL). However, if I choose to proceed with the project and accept Federal cost share money, then I must adhere to the following requirements:

- (1) A State of Texas Archeological Site Data Form must be completed and sent to TARL for any site present within the treatment area, whether discovered before, during, or after project implementation. This information is exempt from the Open Records Act and is not available to the public.
- (2) Any artifacts discovered during the survey or project implementation will be sent to the TFS consulting archeologist for quick study and returned to the landowner. Any artifacts found on a landowner's land are the landowner's private property, along with the cultural resource site.
- (3) Once a year, the Texas Historical Commission (THC), who administers the National Historic Preservation Act of 1966, will conduct a review of the TFS program. The review will include on-site visits to selected tracts where cost share practices have been implemented. By accepting cost share assistance, I grant permission to TFS and THC personnel to visit my property for the purposes of conducting this annual review.

In implementing a project on an area where a cultural resource is present, the primary strategy will be to avoid the site by leaving it out of the area to be treated. If a site cannot be avoided and a landowner wants to receive cost-share assistance, the site must be evaluated by a professional archeologist to determine if it is eligible to be listed on the National Register of Historic Places. This evaluation will be at the expense of the landowner.

I understand that all cultural resources present on my property are my private property (or co-property with other landowners) and that my actions on, near, or to these cultural resources are not inhibited in any way. I further understand that the above stipulations apply only when Federal money is spent and that Federal money cannot be used to damage any cultural resource unless that cultural resource has first been professionally evaluated and found to be ineligible for inclusion in the National Register of Historic Places.

Doug Buchanan

Name Printed

16-GR-2-3

Case Number

Doug Buchanan

Signature

09/30/20

Date

TARL RECORDS CHECK

(Private information)

Landowner's name / Case number: **Buchanan / 16-GR-2-2**

USGS Quad map: **Springtown SE**

Forester: **Rachel McGregor, TFS Granbury**

Northing: **3632593**

Easting: **639669**

Date of Cultural Resources check: **8/25/2020 (by Jarvis, UT)**

Site Present: **XX** no ___ yes

Record Check Observations / Comments:

No cultural resources (Historic / Prehistoric) on record in or near (within 1/4 mile) the proposed project area.

Trinomial:

Time (prehistoric or historic):

UTM N:

UTM E:

Surveyed by: **Rachael McGregor**
Survey Date: **5/9/2016**



Reviewed by: _____
Review Date: _____

Cultural Resources Survey Form

Background

Program	<input type="checkbox"/> Reforestation	<input type="checkbox"/> Stewardship	<input checked="" type="checkbox"/> Oak Wilt Suppression	<input type="checkbox"/> Urban	
Activity	<input type="checkbox"/> Mechanical site prep	<input type="checkbox"/> Prescribed burning	<input type="checkbox"/> Wing ditches	<input type="checkbox"/> Fencing	<input type="checkbox"/> Container tree planting
	<input type="checkbox"/> Irrigation lines	<input type="checkbox"/> Water harvesting ditches	<input checked="" type="checkbox"/> Trenching	<input checked="" type="checkbox"/> Pushing buffer trees	<input type="checkbox"/> Other _____
Landowner (include case number)	Doug Buchanan		16-GR-2-3		
Location (USGS quad name and latitude and longitude; attach USGS map showing location)	Springtown		Lat/Lon N 32:49:20 -- 32.82 W 97:32:27 -- 97.54	UTM N36252 E636588	
Size of project area	_____ acres	_____ feet of trench	(a) _____ x _____ feet	(b) _____ x _____ feet	(c) _____ x _____ feet

Setting

Land Use	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Rural residential	<input type="checkbox"/> Suburban	<input type="checkbox"/> Urban		
Landform	<input checked="" type="checkbox"/> Upland	<input type="checkbox"/> Valley slope	<input type="checkbox"/> Terrace	<input type="checkbox"/> 100-year floodplain	<input type="checkbox"/> Other _____	
Vegetation	<input type="checkbox"/> Brush/cutover	<input type="checkbox"/> Pine	<input type="checkbox"/> Pine/hardwood	<input type="checkbox"/> Hardwood	<input checked="" type="checkbox"/> Prairie/grassland	<input type="checkbox"/> Savanna
Ground Surface Visibility	<input type="checkbox"/> < 25 %	<input checked="" type="checkbox"/> 25 - 75 %	<input type="checkbox"/> > 75 %			
Potential for buried sites	<input type="checkbox"/> Good--deep alluvial/colluvial soil observed					<input type="checkbox"/> Moderate--some alluvium or colluvium observed
	<input checked="" type="checkbox"/> Poor--clay subsoil or bedrock observed at shallow depth., or deep clay soils developed in situ and not by deposition					

Survey

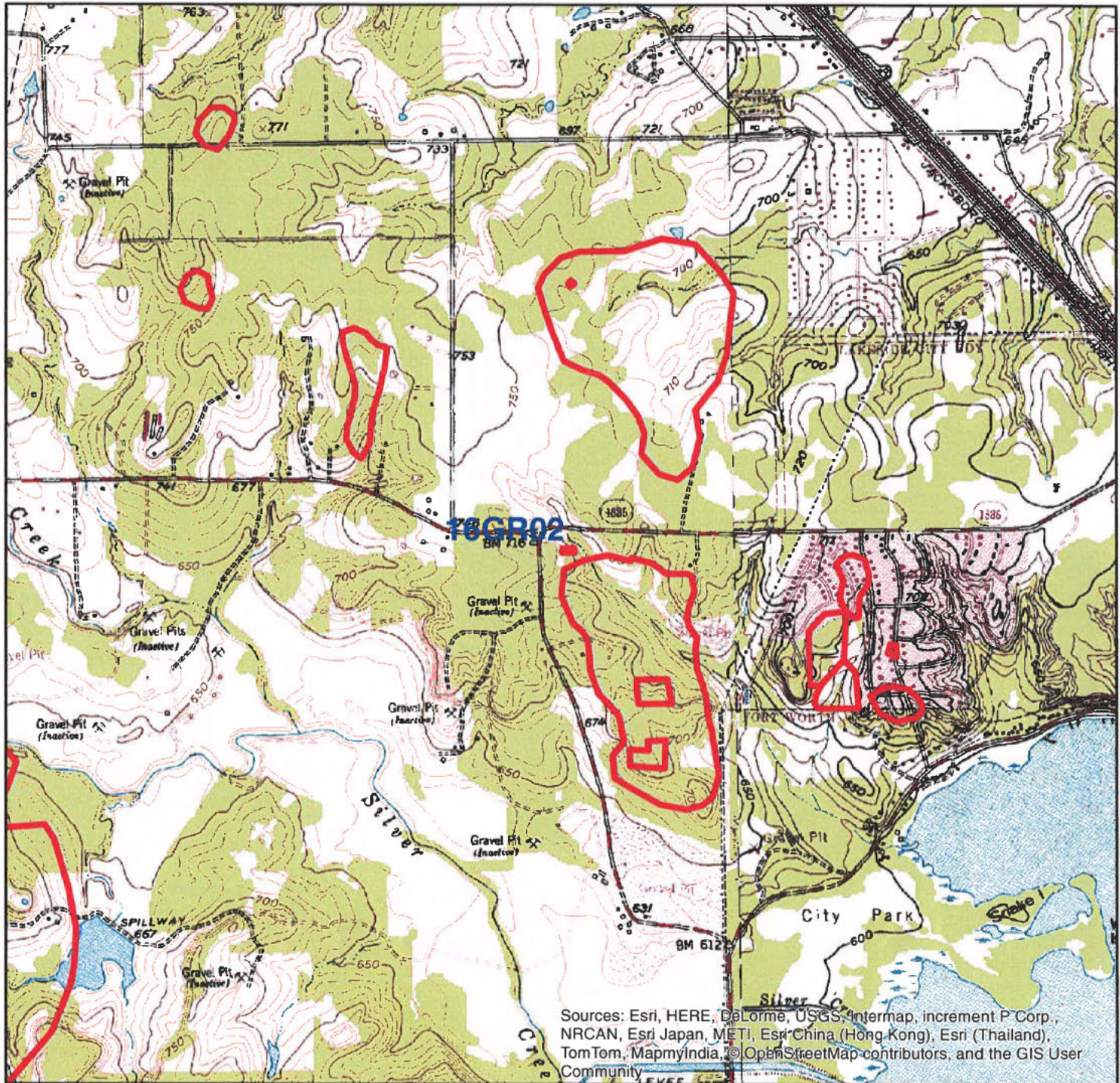
TARL records check	Known site present?	<input type="checkbox"/> Yes	If yes--Trinomial _____	<input type="checkbox"/> Prehistoric within project area	<input type="checkbox"/> Historic within project area
		<input checked="" type="checkbox"/> No	If more than one site is present, use attachment	<input type="checkbox"/> Prehistoric within 1/4 mile	<input type="checkbox"/> Historic within 1/4 mile
Survey methods	<input checked="" type="checkbox"/> Inspection of exposed ground surface	<input type="checkbox"/> InspectShovelTest--	Number _____		
	<input type="checkbox"/> Inspection of exposure in cut bank	Depth (in):		Max _____	Min _____ Average _____
Survey results	Cultural resources observed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Brief description of cultural resources (attach State Site Form)

Recommendations	<input checked="" type="checkbox"/> Implement project (no cultural resources observed)
	<input type="checkbox"/> Do not implement project--consult archeologist (cultural resources observed)
	<input type="checkbox"/> Implement project with archeologist monitoring for buried resources

Comments

Oak Wilt Topo Map



Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



**TEXAS A&M
FOREST SERVICE**

Landowner Doug Buchanan
Case Number 16-GR-02
County Tarrant
Quadrangle Springtown SE
Lake Worth
UTM E 639669
UTM N 3632593
Date 5/16/16
Forester Rachel McGregor

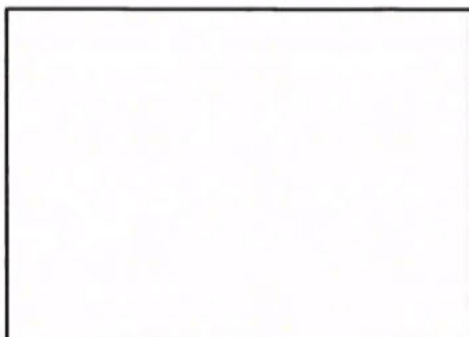
0 0.45 0.9
Miles

Oak Wilt

General Location



Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp.,
NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand),
TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User
Community



TEXAS A&M
FOREST SERVICE

0 0.45 0.9
Miles

Landowner Doug Buchanan
Case Number 16-GR-02
County Tarrant
Quadrangle Springtown SE
Lake Worth
UTM E 639669
UTM N 3632593
Date 5/16/16
Forester Rachel McGregor

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
109 Silver Hill Court

6 City, state, and ZIP code
Lakeside TX 76108

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

552.147

or

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Nancy Buchanan

Date ►

08/28/20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Oak Wilt Suppression Project

Request Package for Cost Share Funding

The attached package has all forms, maps, and applications necessary for requesting federal cost shares for suppression of oak wilt including:

- ☒ Application (Form 6873)
- ☒ Treatment plan (Form 6874)
- ☒ General location map (USGS 7.5-minute topo)
- ☒ Treatment map (Form 6875)
- ☒ Landowner acknowledgement form--location of utilities
- ☒ Landowner acknowledgement form--cultural resource protection
- ☒ TARL records check
- ☒ Cultural resource survey form
- ☒ W-9 request for taxpayer identification number and certification

Please check off the above boxes to verify these items are included

Forester: **Rachael McGregor**

Date: **August 25, 2020**