



**Registration of Interest in Participating in the
Sixth Creek Landholder Assistance Program**

NAME:

ADDRESS:

HOME PHONE: **WORK:** **MOBILE:**

EMAIL:

What is the approximate area of your property in hectares?

What are the main land management issues on your property? *Tick all that apply*

Native Vegetation Management

- Weed invasion
- Revegetation
- Other*

Weed Control

- Woody weeds
- Exotic trees
- Agricultural weeds
- Other*

Watercourse Management

- Erosion
- Woody weed control
- Exotic tree removal
- Revegetation
- Stock exclusion fencing
- Other*

Native Animals

- Protection of native animals
- Habitat restoration
- Other*

Feral Animals

- Rabbits
- Foxes
- Feral Goats
- Other*

Land Management

- Soil erosion
- Land slips
- Grazing management
- Abandoned Orchards
- Fire prevention
- Other*

SIGNATURE:

DATE:

*Please feel free to provide any further information or make additional comments
on the reverse side of this form.*

Please return this form to:
SCCG Project Officer, PO Box 165 Norton Summit SA 5136 OR
email katrina.warner@adelaide.nrm.sa.gov.au