

Form 20

CROP Water requirements Form – 2025/26 season

Owner Name: Owner Signature: Contact Number:

Do you intend to use Metolachlor this season

Have you used Metolachlor in the past three years

Farm Number						
Crop Type	Area (Ha)	Area (Ha)	Area (Ha)	Area (Ha)	Area (Ha)	Area (Ha)
Barley						
Canola						
Corn						
Cotton						
Pasture						
Rice						
Sorghum						
Sunflowers						
Wheat						
Other.....						
Other.....						

Please return this form via email to enquiries@colyirr.com.au or to CICL office