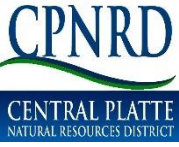


WEED BARRIER ORDER FORM



Central Platte NRD
215 Kaufman Avenue
Grand Island NE 68803
(308) 385-6282

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
EMAIL: _____
COUNTY OF DELIVERY: _____
(Handplants only: Hall, Merrick, Buffalo, Dawson or Polk)

Date of Order: _____

Please mark one:

HANDPLANT DISTRICT PLANT WINDBREAK RENOVATION: Y or N
_____ 1/4 Section _____ Township _____ Range _____
(Only required to fill out legal on district plant order)

	QUANTITY	PRICE	TOTAL
WEED BARRIER	<input type="text"/>	0.50	
WEED BARRIER INSTALLATION (District Plant only)	<input type="text"/>	0.30	
WEED BARRIER SHEETS	<input type="text"/>	1.25	
STAPLES	<input type="text"/>	0.15	
TREE TUBES - Crème Colored	<input type="text"/>	3.25	

Minimums: Hand plant : 50 ft minimum. District plant : 1,000 ft minimum.

PAYMENT (please mark one):
Cash _____
Check _____ #
Make checks payable to the Central Platte NRD

Sub Total _____
10% discount if ordered before December 31. 10.0%
Total after discount _____
Tax _____
Grand Total _____

Customer Signature _____ Date _____

District Plant ONLY:
50% deposit required.: **\$0.00**
Paid _____

FOR OFFICE USE ONLY:

DATE: _____
Price per lineal foot: _____
Actual lineal foot laid: _____

Signature of Contractor

*District Plant Only: The above charges are an estimate only and you will be charged for the actual lineal feet installed.
If the paid amount above exceeds the amount that is due, a refund will be issued.*