CENTRAL Platte NRD 215 Kaufman Avenue CONTRAL PLATE 215 Kaufman Avenue CONTRAL PLATE 215 Kaufman Avenue CONTRAL PLATE 216 Kaufman Avenue CONTRAL PLATE 217 KAUFMAN 218 Kaufman Avenue COUNTY OF DELIVERY (handplant only)- Circle one: HALL MERRICK DAWSON BUFFALO POLK Please mark one: HANDPLANT O DISTRICT PLANT O WINDBREAK RENOVATION: Y or N O 1/4 Section O Township O Range O COUNTY OF DELIVERY (handplant only)- Circle one: HANDPLANT O DISTRICT PLANT O WINDBREAK RENOVATION: Y or N O 1/4 Section O Township O Range O COUNTY OF DELIVERY (handplant only)- Circle one: HANDPLANT O DISTRICT PLANT O WINDBREAK RENOVATION: Y or N O 1/4 Section O Township O Range O COUNTY OF DELIVERY (handplant only)- Circle one: HANDPLANT O DISTRICT PLANT		WEED BARRIER ORDE	R FORM	#
Grand Island NE 68803 CITY, STATE, ZIP: Ocli Phone O Receive Text Messages Vor N EMAIL: O Date of Order: 1/0/00 COUNTY OF DELIVERY (handplant only)- Circle one: HALL MERRICK DAWSON BUFFALO POLK Please mark one: HANDPLANT O DISTRICT PLANT O O O1/4 Section O Township O1/4 Section O Township O Range O OOO WEED BARRIER O.50 O.00 WEED BARRIER SHEETS O.00 STAPLES O.15 O.00 TREE TUBES - Crème Colored Minimums: Hand plant: 50 ft minimum. District plant: 1,000 ft minimum. Cash Check # Total Office one: HALL MERRICK DAWSON BUFFALO POLK FOR INTERVIEW OF TOTAL ONE OF TOTAL ONE OF TOTAL OOO OOO Receive Text Messages Vor N Receive Text Messages Vor N Receive Text Messages Vor N POR POLK FOR INTERVIEW OF TOTAL OOO OOO OOO OOO OOO OOO OOO OOO OOO O	CDNID Central Platte NRD	NAME: 0		
Cell Phone	215 Kaufman Avenue	ADDRESS: 0		
Date of Order: 1/0/00 COUNTY OF DELIVERY (handplant only)- Circle one: HALL MERRICK DAWSON BUFFALO POLK	CENTRAL PLATTE Grand Island NE 68803	CITY, STATE, ZIP:	0	
Date of Order: 1/0/00 COUNTY OF DELIVERY (Namdplant only)- Circle one: HALL MERRICK DAWSON BUFFALO POLK	NATURAL RESOURCES DISTRICT (308) 385-6282	Cell Phone 0	Receive Text Messages	Y or N
Please mark one: HALL MERRICK DAWSON BUFFALO POLK Please mark one: HANDPLANT 0 DISTRICT PLANT 0 VINDBREAK RENOVATION: 7 Or North 1 Or North				
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FOR OFFICE USE ONLY:	FOR OFFICE USE ONLY:			
DATE:	DATE:			

Signature of Contractor

Price per lineal foot: Actual lineal foot laid: