



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

**WEED BARRIER ORDER FORM**

# \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Receive Text Messages Y or N

EMAIL: \_\_\_\_\_

Date of Order: \_\_\_\_\_

**COUNTY OF DELIVERY (handplant only)- Circle one:**  
**HALL MERRICK DAWSON BUFFALO POLK**

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
<b>WEED BARRIER</b>	<input type="text"/>	<b>0.50</b>	
<b>WEED BARRIER INSTALLATION</b> (District Plant only)	<input type="text"/>	<b>1.00</b>	
<b>WEED BARRIER SHEETS</b>	<input type="text"/>	<b>1.75</b>	
<b>STAPLES</b>	<input type="text"/>	<b>0.15</b>	
<b>TREE TUBES - Crème Colored</b>	<input type="text"/>	<b>4.00</b>	

*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	
Tax 7.0%	
<b>Grand Total</b>	

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.*