

WEED BARRIER ORDER FORM - HANDPLANT

No _____
Revised 11/04/08

NAME _____

Send Completed Form to:

ADDRESS _____

**CENTRAL PLATTE
NATURAL RESOURCES DISTRICT**

215 North Kaufman Avenue

Grand Island NE 68803

308-385-6282

PHONE Home _____

Cell _____

COUNTY _____

Legal: _____ 1/4 Section _____ Township _____ Range _____

	QUANTITY	PRICE	TOTAL
WEED BARRIER (6 FT. WIDE)	<input type="text"/>	0.50	
<i>Minimum Quantity is 50 feet.</i>			
SHEETS OF WEED BARRIER (4' X 4')	<input type="text"/>	1.25	
STAPLES (2" X 8")	<input type="text"/>	0.15	
		SUBTOTAL	
		TAX 7.00%	
		GRAND TOTAL	
If ordered before Dec 31, 2009 - 10% Discount			
		TOTAL DUE	

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Method of Payment: **Cash** _____ (please include receipt number)
Check# _____ *Make checks payable to the Central Platte NRD*
(If you are tax exempt you MUST submit a Form 13 with order)

Payment received by _____ Date _____

I understand that the above charges are for weed barrier only

Landowner or Operator

Weed Barrier received by: _____ Date _____