



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: _____

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

Date of Order: 1/0/00

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"/>	1.00	
WEED BARRIER SHEETS	<input type="text"/>	1.75	
STAPLES	<input type="text"/>	0.15	
TREE TUBES - Crème Colored	<input type="text"/>	4.00	

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 7.5%	
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.*