

2016 – WWD FIELD EVALUATION REBATE APPLICATION

(Attach Mobile Lab Service Invoice and Evaluation Results/Report)

Applicant Name:			
Individual/Company Name:			
Field Evaluation APN(s):	Phone:	Fax:	Email:
Street/Mailing Address:			
City:		State:	Zip Code:
Contact Name (If Different):			
Street Address:			
City:		State:	Zip Code:
Phone:	Fax:	E-mail:	
Invoice amount for Mobile Lab Service:		Rebate: 25% or \$500, whichever is less	

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

<i>For District Administrator Use Only:</i>	
Field Evaluation Application #:	Administrator:
Date/Time Received:	By:
Postmarked:	Delivered by:
Field Evaluation by:	Date Started: Date Finished:
Field Evaluation Accepted by:	Date:
Rebate Payment:\$	Date:

Field Information:

Field APN or Sec., Township, Range: _____
 Crop: _____
 Acres: _____
 Water Supply (well, surface, or both): _____
 Type of system (ex. drip or micro spray) _____