

\$100 RESIDENTIAL LAWN IRRIGATION/ RAIN SENSOR REBATE



LOWER PLATTE NORTH
Natural Resources District



Valid January 1, 2024 – June 30, 2025 or until funds are depleted.

Please verify the follow requirements before submitting your application.

1. Must reside within the Shell Creek Watershed boundaries.
2. PROOF OF PURCHASE (invoice, receipt, etc.) along with a picture of the INSTALLED DEVICE must be provided with this form.
3. Rebates are eligible for ONE rain sensor shut-off device, smart predictive controller or soil moisture probe per household.
4. All applicable fields must be completed on this form to receive a rebate. Incomplete rebate forms will not be processed.
5. Rebate offer is available for purchases made between January 1, 2024 – June 30, 2025.

**Mail the signed and completed form along with required documents to:
Lower Platte North NRD, P.O. Box 126, Wahoo, NE 68066 or
email: lpnrd@lpnrd.org**

Rebate funds are limited and available on a first-come, first-served basis. Lower Platte North NRD reserves the right to verify equipment. Device rebate cannot exceed the total cost as indicated on the proof of purchase. Please allow up to 45 days for processing and payment.

Questions? Call the NRD at 402-443-4675.

Customer Information

First Name: _____ Last Name: _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Cost of equipment: _____ (Please check one of the following) Private Well: _____ Public Water Supply: _____

Date Purchased: _____

Product (please check 1 box)		Rebate	Equipment Information	
<input type="checkbox"/>	Rain sensor shut-off device	\$100 (not to exceed actual costs)	Brand:	
<input type="checkbox"/>	Smart predictive controller		Model:	
<input type="checkbox"/>	Soil moisture probe			

I certify that I have purchased the product(s) indicated on this form and the product(s) was installed at my home address indicated above. I have read and understand the terms and condition of this rebate offer.

Signature: _____ Date: _____

Please include form, copy of receipt, picture of product installed and W9.

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: Remit Address (if different):

6 City, state, and ZIP code City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment: Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: