

GPU# \_\_\_\_\_



# Meter Reimbursement Program Application

Application must have all information completely filled out to be considered for the program. Incomplete submissions will be returned to sender.

Mail application and meter receipt to PO Box 795 Dumas TX 79029 or email: [permitting@northplainsgcd.org](mailto:permitting@northplainsgcd.org)

**One Application per Meter Reimbursement Request. A receipt showing the date of purchase and serial number of the meter must be attached. Meter must be installed before requesting reimbursement**

## Applicant Information

Name: \_\_\_\_\_  
(NAME AS IT SHOULD APPEAR ON CHECK)

Address: \_\_\_\_\_  
Mailing Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Crop Report Contact (if different than Applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Meter Location

County: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Survey: \_\_\_\_\_

Section Quarter (circle one)

NW	SW	NE	SE
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Other Meter Location Description: \_\_\_\_\_

**SELECT ONE (WELL OR PIVOT)**

**Meter at Well** \_\_\_\_\_  
District Well # or Latitude/Longitude of Well

**OR**

**Meter at Pivot** \_\_\_\_\_  
Latitude/Longitude of Pivot

## Invoice/Receipt Information

Invoice Made Out To: (Must match applicant name): \_\_\_\_\_ Date Meter Installed: \_\_\_\_\_

**I agree to install all meters in accordance with District and manufacturer's recommended best installation practices. I agree to keep all meters repaired and in good operating condition at all times. I agree to replace damaged and/or non-repairable meters with an equal or better quality meter at my own expense and to notify the District of the meter change and the beginning and ending readings of each meter. I agree to annually furnish the District a complete list of crops and crop acres grown, and crop inches of groundwater applied to each crop grown on the GPU. I agree to furnish the District all meter volume totalizer readings annually for the duration of the District's meter reimbursement program reporting period (five complete years).**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Signature Date*

*NPGCD staff are available to assist producers in the completion of Meter Reimbursement Applications. Please call (806) 935-6401 or come to the office 603 E 1<sup>st</sup> Street, Dumas Texas*