



**Great Basin  
Water Co.**™

Great Basin Water Co.  
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## TAMARISK (SALT CEDAR) REMOVAL APPLICATION

### APPLICANT INFORMATION

Name:		
Utility Acct. No.:	Email:	Phone:
Current address:		
City:	State:	Zip Code:
Own    Rent <i>(Please circle one)</i>	No. of Saltcedar	No. of Residents:

### PROPERTY OWNER INFORMATION (IF DIFFERENT)

Property Owner:		
Owner Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

### TAMARISK (SALT CEDAR) REMOVAL INFORMATION

Quantity	Who performed work Contractor/Landscaper/Self	Work Date

Where did you learn about our Bill Credit "Rebate" program?	
No. of Tamarisks (Saltcedar) Removed:	Removal Date:
Contractor Name:	Before & After Pictures:
Signature:	Phone:

### CHECKLIST

Were the trees identified as Tamarisks (Salt cedar), did you enclose before and after pictures?
Have you completed and signed the Tamarisk (Salt cedar) Terms and Condition page, and the Removal Application?
Did you enclose a copy of the bill or payment receipt with address for the contracted work?

### SIGNATURES

**By signing below, you indicate that you have read and complied with the requirements of the Tamarisk (Saltcedar) Removal Bill Credit Program and the Utility Water Conservation Plan.**

Signature of applicant:	Date:
Property Owner Signature:	Date:

### FOR UTILITY USE ONLY

Eligible Incentive	Amount	Approval Date	Application Approved By
Total Tamarisks (Salt cedar) Removed			