



NCS D Grass Conversion Rebate Program Customer Information Form

Customer Information

(To be completed by Customer)

Property Owner _____

Phone Number _____ Service Address _____

E-mail Address _____ NCS D Account # _____

Mailing Address: _____

By signing this form, I acknowledge that I have read, understand, and agree to all Terms and Conditions for this program.

Customer Signature

Date

NCS D Representative Verification

(To be completed by the NCS D)

Property Address: _____

Pre-Inspection Date: _____ Completed by: _____

Square Footage of Turf to be Removed: _____ Staff Initials: _____

Date of Conversion: _____

Post-Inspection Date: _____ Completed by: _____

Approved _____ Rejected _____ Rebate Amount: _____

NCS D Authorized Pre-Inspection Signature

Date

NCS D Authorized Post-Inspection Signature

Date

NCS D Authorized Administrative Signature

Date