

Watershed Forestry Program
Management Assistance Program

Request for Inspection

Name:
Approved Practice:
Address:
Phone Number:
Property Location:
Contractor Information: Name: Address: Phone:

This request is to inform the WFP Forester that work will be completed by ___/___/___ in accordance with the Management Assistance Program application approved by the Watershed Forestry Program. By this date the property will be ready for inspection. By signing this Request for Inspection form I am authorizing the Watershed Agricultural Council to make payment directly to the contractor identified above upon the completion of the final inspection. Prior to the dispersal of funds all receipts for materials (seedlings, tree shelters, wildlife seed and fertilizers.) used as part of this project as well as a landowner W9 form and a contractor W9 form must be provided to the Forestry Program.

Participant Signature

Date

Inspected by _____
