

Watershed Forestry Program

MAP Program

Request for Inspection

Name:
Approved MAP Practice:
Property Location:
Phone Number:
Address:
<i>Contractor Information</i>
Name:
Address:
Phone:

This request is to inform the WFP Foresters that work will be completed by ___/___/___ in accordance with the Management Assistance Program application approved by WAC. By this date the property will be ready for inspection. By signing this Request for Inspection, 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, receipts for materials used as part of this project (seedlings, tree shelters, wildlife seed, fertilizers, etc) must be provided to the Watershed Forestry Program. In addition, a W9 and workers compensation form are required from the contractor on an annual basis.

Participant Signature

Date

Inspected by:

Date