Watershed Forestry Program

BMP Program

Request for Inspection

Name:
Organization:
Phone Number:
Address:
Property Location:

This request is to inform the WFP Foresters that work will be completed by ____/ ____/ ____ in accordance with the BMP Program application approved by WAC, on the above mentioned property. By this date the property will be ready for inspection. Attached with this request are any receipts* for materials that are required for proof of purchase and use on this property. In addition, a W9 and workers compensation form are required from the contractor on an annual basis.

_____ _____

Participant Signature Date

_____ _____

Inspected by: Date