



Management Assistance Program

REQUEST FOR INSPECTION FORM

Watershed Agricultural Council



Landowner Information

Name: _____

APPROVED MAP Practice: _____

Property Location: _____

Street

Town

State

Zip

Mailing Address: _____

*(If different from
Property Address)*

Street

Town

State

Zip

Telephone: _____

E-Mail: _____

Contractor Information (If applicable)

Name: _____

Address: _____

Street

Town

State

Zip

Telephone: _____

E-Mail: _____

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 landowner or 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 is required from the contractor and landowner on an annual basis. Contractors are required to provide a workers compensation form.

Participant Signature: _____ Date: _____

SEND PAYMENT TO: Landowner Contractor Other (please specify): _____

Mail form to: Watershed Agricultural Council, Forestry Program, 33195 State Highway 10, Walton, NY 13856

For Office Use Only

Inspected By: _____ Date: _____

NOTES:

Approved Practice: _____

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Approved Density: _____

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Approved Amount: _____

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