

**Material Acceptance Agreement
(Vegetative Materials)**

Regular **Provisional**

All of the unshaded portions of this Material Acceptance Agreement (“MAA”) must be completely filled out by each Applicant seeking a Delivery Authorization for delivery of vegetative materials. By your signature below, you, individually or on behalf of the entity for which you sign, agree to comply with the criteria outlined in the Metropolitan Water Reclamation District of Greater Chicago’s (the “District”) Resource Recovery Ordinance and the Vegetative Material Resource Recovery Program. It is understood that you, or anyone delivering material to the District on your behalf, are independent and not employees of the District. You further certify that the description of the material below is a true and accurate representation of the vegetative material, and any changes to the material described below will be disclosed to the District for further review of material acceptability. If your Application is approved, the shaded portions of this MAA will be completed by the District, signed, and a copy will be returned to you. Only materials for which you have received a District signed copy of this agreement may be delivered. ***A COPY OF YOUR INSURANCE CERTIFICATE, TRUCK HAULER IDENTIFICATION FORM, AND EMERALD ASH BORER COMPLIANCE AGREEMENT (WHERE APPLICABLE) MUST BE SUBMITTED ALONG WITH THIS APPLICATION.***

<p align="center">To be completed by APPLICANT:</p> <p>Company Name (If applying as an individual, please indicate):</p> <hr/> <p>Company Address:</p> <hr/> <hr/> <p>Phone: _____ Fax: _____</p>	<p align="center">FOR DISTRICT USE ONLY</p> <p>Delivery Authorization (DA) Number: _____</p> <p>Expiration Date: _____</p> <p>Provisional Rate: _____</p>
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4) Please provide a short description of the Material: (e.g.: Wood chips, grass, brush, or combination)

5) Estimated Total Quantity: (cubic yards or tons): _____

6) Delivery Frequency: (Daily, Weekly, Monthly): _____

7) Estimated Delivery Dates: (Specify dates or ongoing): _____

8) Billing Information (Address, FEIN or Tax Payer I.D. number, e-mail address, fax number, etc.):

9) Signature of Applicant’s authorized representative:

Print Name and Title

Date

Signature

Email Address

<i>(For District Use Only)</i>	
Reviewed and approved by: _____	Date: _____
Program Director	