



*Please submit this form along with your **completed** Approved Materials List (7 pages) to OMWD. The Project Name should be listed at the top of **each** page.*

**Supplier Name:**

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**Contact Person:**

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**Phone:**

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**For District Use Only**

**Project Name:** \_\_\_\_\_

**Project No:** \_\_\_\_\_

**EAM #:** \_\_\_\_\_

**REVIEWED FOR GENERAL CONFORMITY ONLY  
TO PLANS AND STANDARD SPECIFICATIONS**

- ☐ **APPROVED**
- ☐ **APPROVED AS NOTED**
- ☐ **MAKE CORRECTIONS NOTES & RESUBMIT**
- ☐ **REJECTED**

\_\_\_\_\_  
*Initials*

\_\_\_\_\_  
*Date*