

CERTIFICATE of COMPLETION and FINAL ACCEPTANCE of AGREEMENT WORK

COMPANY:		COUNTY/CITY:			
ADDRESS:		PROJECT NO.:			
KIND OF WOF	RK:				
AGREEMENT DATE:		FIELD COMPLETION DATE:			
		covered by the above referenced agreement has been complete accepted, subject to final audit of costs.	ed in accordance with		
SIGNATURE:		DATE:	<u> </u>		
	Project Engineer (Re (Consultant)	s. Construction) (Area Engineer) (County) (City)	Year		
*SIGNATURE:		DATE:			
	District (Construction) (Maintenance) (Local Systems) Engineer	Year		
Approved and Council of	work accepted b	by the Board of Supervisors/City			
this	_ day of	 			
		SIGNATURE:			
		Chairn	nan/Mayor		
Acknowledge of Transportation	completion of pro	pject in accordance with referenced agreement by the Iowa Dep	partment of		
this	day of	<u> </u>			
		Year			
		SIGNATURE:lowa Pena	rtment of Transportation		
		iowa Depa	Timent of Transportation		
*On Local State Assisted Projects District does NOT certify but acknowledges completion of project.			DO NOT WRITE IN THIS BOX. CENTRAL OFFICE USE ONLY. (Check or Initial Appropriate Box)		
		☐ Office of Audits ☐ Copy	to Company		
		☐Copies to District ☐ Origin	al to Files		
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