lowa Department of Transportation

CERTIFICATE of COMPLETION and FINAL ACCEPTANCE of AGREEMENT WORK

COMPANY:	COUNTY/CITY:_	COUNTY/CITY: PROJECT NO.:		
ADDRESS:	PROJECT NO.:_			
AGREEMENT DATE:		DATE:		
	by the above referenced agreement ha	as been completed in accordance with said		
SIGNATURE: Project Engineer (Res. Construction) (R	les. Maintenance) (County) (City) (Consultant)	Year		
	tenance) (Local Systems) Engineer DATE:	Your		
	pard of Supervisors/City Council of			
Acknowledge completion of project in a this day of		y the Iowa Department of Transportation lowa Department of Transportation		
*On Local State Assisted Projects District does NOT certify but	DO NOT WRITE IN THIS BOX. CENTRAL OFFICE USE ONLY. (Check or Initial Appropriate Box)			
acknowledges completion of project.	☐ Office of Audits	☐ Copy to Company		
	☐ Copies to District	☐ Original to Files		