lowa Department of Transportation

CERTIFICATE of COMPLETION and FINAL ACCEPTANCE of AGREEMENT WORK

COMPANY:	COUNTY/CITY:	
ADDRESS:	PROJECT NO.:	
KIND OF WORK:		
	FIELD COMPLETION	DATE:
This is to certify that the work covered by agreement and is hereby accepted, subject		as been completed in accordance with said
SIGNATURE: Project Engineer (Res. Construction) (Res. M.	DATE:	Year
*SIGNATURE:District (Construction) (Maintenance		
Approved and work accepted by the Board	of Supervisors/City Council of	
this day of	Year	
		Choirman/Mayor
Acknowledge completion of project in acco		y the Iowa Department of Transportation
this day of	SIGNATURE:	lows 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