



NOTICE OF SUSPENSION OR RESUMPTION OF WORK

Contractor _____ County _____
Contract I.D. _____ Project No. _____

SUSPENSION OF WORK

In accordance with Section 1105, you are hereby notified to suspend operations on the above referenced project because:

effective on: _____ until further notice.

Signature of Contracting Authority's Representative

Date

RESUMPTION OF WORK

You are hereby notified that since the conditions causing the suspension of work no longer exist, you are allowed to resume operations on _____ and the charging of working days will resume.

Signature of Contracting Authority's Representative

Date