



CERTIFICATE OF CONTRACT COMPLETION

This is to certify that contract # _____ for:

(Short Description of Work:)

was completed on: _____

Name (Print)
Project Manager

Signature

Date Signed

Approved by:

Name (Print)
Manager, Construction
Services

Signature

Date Signed

Name of Owner:

City of Greater Sudbury

Address for Service:

P.O. Box 5000, Stn. A
200 Brady Street
Sudbury, ON
P3A 5P3

Name of Contractor:

Address for service:

- Distribution:**
- 1) Contractor
 - 2) Contract Administrator (file)
 - 3) Construction Services
 - 4) Engineering Services