CON-502M REV. 6/08

STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION

# CERTIFICATE OF COMPLIANCE

## Municipality Administrator

Project No: _____

Project Location: _____

Project Name:

This is to certify that to the best of my knowledge, information and belief, the completed Project, as identified above, has been constructed in substantial compliance with the Contract plans, specifications and all approved Change Orders.

Municipality Administrator:

_____
Signature

_____
Print Name

_____
Title

_____
Date