

CERTIFICATE OF FINAL COMPLETION

PROJECT	CONTRACTOR:
TO (OWNER): Northern Arizona University Facility Services Planning, Design, & Construction PO Box 5637 Flagstaff, AZ 86011	CONTRACT FOR:
DATE OF ISSUANCE:	CONTRACT DATE:

PROJECT OR DESIGNATED AREA SHALL INCLUDE: _____

The work performed under this Contract has been reviewed and found to be finally complete. The Date of Final Completion is hereby established as.

DEFINITION OF DATE OF FINAL COMPLETION

The Date of Final Completion of the work is the Date certified by the Owner when construction is 100% complete, in accordance with the Contract Documents, including but not limited to the punchlist and closeout documents per closeout email dated.

DESIGN PROFESSIONAL	SIGNATURE	PRINT	DATE
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CONTRACTOR	SIGNATURE	PRINT	DATE
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The Owner accepts the work as finally complete and will assume full possession thereof at _____ Noon _____
_____ (time) on _____ (date).

Arizona Board of Regents	Stephanie Bauer		
OWNER	SIGNATURE	PRINT	DATE
