

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
----------------------------	------------------	--------------	-------------

CONTRACTOR	SIGNATURE	PRINT	DATE
-------------------	------------------	--------------	-------------

The Owner accepts the work as finally complete and will assume full possession thereof at _____
(time) on _____ (date).

Arizona Board of Regents

OWNER	SIGNATURE	PRINT	DATE
--------------	------------------	--------------	-------------