





Date of Work Completion Notice: \_\_\_\_\_

Date/Time of Work Inspection\*: \_\_\_\_\_

Inspection\* Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspection Approved\*:  Yes  No

Inspector Name (Please Print): \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Inspection is of the limited purpose of verifying that the Equipment/Measures for which the financing is requested have been installed. The inspection does NOT review, evaluate or assess safety, fitness for its intended purpose, or compliance with any applicable city, state or federal rules, regulations, or other standards regarding the Equipment/Measures and installation and operation thereof. The City and its officials, employees and agents make no representation regarding safety, fitness for its intended purpose, or compliance with any applicable city, state or federal rules, regulations, or other standards regarding the Equipment/Measures and installation and operation thereof.

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Date of Check Issued: \_\_\_\_\_

Check Payee: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Check Issuer: \_\_\_\_\_