**DPW Document DC670-2023**

## CERTIFICATE OF COMPLETION

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| Work: |  | Reference No's: |  |
|  |  |
|  | Client Dept.:  |  |
|  |  |
| Contractor: |  |
| In-house |  |
| Consultant: |  |

This is to certify that requested work was completed on      , 20     .

Name and Title of person authorized to act in the capacity of the Consultant.

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| --- | --- |
| Signature: |  |

Name and Title of person authorized to act in the capacity of the Contractor.

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|  |  |
| --- | --- |
| Signature: |  |

|  |  |
| --- | --- |
| Date: |  |