



Form 517112wd (07-19)

CERTIFICATE of COMPLETION and ACKNOWLEDGEMENT of UTILITY WORK

COMPANY: _____ COUNTY: _____

ADDRESS: _____

CITY/ST/ZIP: _____ PROJECT NO.: _____ (ROW)

TELEPHONE: _____ (CONST)

KIND OF WORK: _____

FIELD COMPLETION DATE: _____

Is this work covered by an executed reimbursement agreement? ☐ YES (complete this section)
☐ NO (skip to signature)

AGREEMENT DATE: _____ AGREEMENT NO.: _____

This is to certify that the work covered by the accepted work plan has been completed in accordance with said plan and is hereby accepted, and if applicable, subject to final audit of costs.

SIGNATURE: _____ DATE: _____, _____
Utility Representative Year

- Return this completed form to the appropriate District Utility Coordinator. -

Acknowledgement of utility completion by the Iowa Department of Transportation.

SIGNATURE: _____ DATE: _____, _____
Iowa Department of Transportation Year

On Projects where there is an Executed Utility Agreement, the District should forward the ORIGINAL certificate to the Right-of-Way Bureau.

DO NOT WRITE IN THIS BOX. IA DOT OFFICE USE ONLY.
(Check or Initial Appropriate Box)

☐ District

☐ ROW/Utilities Section

☐ Copy to Audits