

CERTIFICATE OF ACCEPTANCE OF WORKSTATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF ENGINEERING AND CONSTRUCTION

FEDERAL AID PROJECT NO(S).

STATE PROJECT NO(S).

CON-500M

DESCRIPTION OF CONTRACT

TOWN(S)

NAME OF HIGHWAY / ROUTE NO.

BEGINNING AT *(Specific Location - No Station Nos.)*ENDING AT *(Specific Location - No Station Nos.)*TO CONTRACTOR *(Street Address Only - No PO Boxes)*

FINAL INSPECTION DATE

TYPE OF IMPROVEMENT

DISTRICT MANAGER Review *(Signature In BLUE Ink)*

NAME

DATE

THE ABOVE DESCRIBED WORK IS HEREBY ACCEPTED AS OF _____

The transfer of improvement —

MUNICIPAL OFFICIAL *(Signature In BLUE Ink)*

NAME / TITLE

DATE

CUT LINE**Instructions:****Addresses:**

Include street addresses - not PO Boxes.

Location:

BEGINNING AT / ENDING AT

Municipal project, provide the mailing (street) address below for the municipal official who signed the CON-501M, and include this with the CON-501M submitted to Office of Construction :

EX: 1		EX: 2	
BEGINNING AT	ENDING AT	BEGINNING AT	ENDING AT
East Main Street	East Main Street	I-91 @ EX 3	I-91 @ EX 6
@ School Street	@ Harris Hill	BR. 1234	MP 20.4
		MP .04	

Municipality to fill out form and submit to District for Review

District Engineer to sign Review by

District Returns to Municipality for their signature

Municipality to send completed original form to contractor with copy to District

Revised 6/10/11