



## LOCALLY DELIVERED STATE FUNDED PROJECT PROGRAM FINAL PROJECT ACCEPTANCE

PROJECT NAME:	IGA NO.:
AGENCY:	KEY NO.:SEND
INSPECTION DATE:	INSPECTED BY:
IN COMPANY WITH:	

REMARKS (SCOPE OF INSPECTION, FINDING, RECOMMENDATIONS, INSTRUCTIONS, ETC.):

**Original:** ODOT Transportation Manager keeps original in project file.

**Send copy to:**

Agency Contact (and Consultant, if applicable)

The project is accepted as constructed.

\_\_\_\_\_

ODOT Area Manager

\_\_\_\_\_

Date

I recommend project acceptance.

\_\_\_\_\_

ODOT Transportation Manager

\_\_\_\_\_

Date

I certify that all on-site work has been completed in substantial conformance with the plans and specifications developed for the project. I recommend acceptance.

\_\_\_\_\_

Agency

\_\_\_\_\_

Date