

**CONTRACTOR ACKNOWLEDGEMENT**

**Record of Review**

**Project Name:** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_  
(Company Name)

As an authorized representative of the Contractor, I confirm that I have read and understand the terms and conditions outlined in Appendix B - 'Performing Work on the Niagara Falls Drinking Water System' and further acknowledge my responsibility to ensure that all work performed on this project by my company or by a sub-contractor will be in compliance with the Safe Drinking Water Act (SDWA) and meet the quality requirements set out by the City of Niagara Falls.

Dated this day of, \_\_\_\_\_, 20 .

\_\_\_\_\_  
Name & Title of Authorized Person Signing for Company  
(please print)

\_\_\_\_\_  
Signature