

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