❖ **NOT FOR RECORDATION PURPOSES** ❖

RECOMMENDATION OF ACCEPTANCE

TO: Coastal Protection and Restoration Authority
150 Terrace Ave.
Baton Rouge, LA 70802

FROM: _____
_____
_____
Firm Name and Address

DATE: _____

PROJECT NAME & NUMBER: _____

SITE CODE: _____ STATE ID: _____ CFMS: _____

CONTRACTOR: _____
_____

ORIGINAL CONTRACT AMOUNT: $ _____

FINAL CONTRACT AMOUNT: $ _____

DATE OF ACCEPTANCE: _____

CONTRACT DATE OF COMPLETION: _____

NUMBER OF DAYS (OVERRUN) (UNDERRUN) (As of Acceptance Date) _____

LIQUIDATED DAMAGES PER DAY STIPULATED IN CONTRACT $ _____

VALUE OF PUNCH LIST $ _____
(Attach Punch List)

Signed: _____
ENGINEER

FOR USE OF PROJECT MANAGER:

Signed: _____
PROJECT MANAGER

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