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| --- | --- | --- |
|  | OWNER | SURETY |
|  | CONSULTANT | OTHER |
|  | CONTRACTOR |  |
| TO OWNER: | UR PROJECT NO.: |  |
| University of Rochester | CONSULTANT’S PROJECT NO.: |  |
| Planning and Project Management | CONTRACT FOR: |  |
| 271 East River Road | CONTRACT DATE: | Click here to enter a date. |
| PO Box 270347 |  |  |
| Rochester, NY 14627-0347 |  |  |
|  |  |  |
| PROJECT: |  |  |
| *(Name and address)* |  |  |
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|  |  |  |
|  |  |  |
| *STATE OF NEW YORK* |  |  |
| *COUNTY OF MONROE* |  |  |
|  |  |  |
| The undersigned hereby certifies that, except as listed below, payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in anyway be held responsible or encumbered.  EXCEPTIONS: | | |
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| SUPPORTING DOCUMENTS ATTACHED HERETO | CONTRACTORS | |
| 1. Consent of Surety to Final Payment. Whenever Surety is involved, Consent of Surety is required. Document UR01, Consent of Surety, may be used for this purpose. | *(Name and address)* | |
|  |  | |
|  |  | |
|  |  | |
| Indicate attachment:  Yes  No |  | |
|  |  | |
| *The following supporting documents should be attached hereto* |  | |
| *If required by the Owner:* | BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Contractor’s Release or Waiver of Liens, conditional upon | *(Signature of authorized representative)* | |
| receipt of final payment. |  |  |
| 2. Separate Releases or Waivers of Liens from Subcontractors |  | |
| and material and equipment suppliers, to the extent | *(Printed name and title)* | |
| required by Owner, accompanies by a list thereof. |  |  |
| 3. Contractor’s Affidavit of Release of Liens (UR04). | Subscribed and sworn to before me on this date: | |
|  |  |  |
|  | Notary Public: |  |
|  |  |  |
|  | My commission Expires: |  |
|  |  |  |