|  |  |
| --- | --- |
|  | OWNER |[ ]
|  | CONTRACTOR |[ ]
|  | OTHER |[ ]
|  |  |  |
| TO OWNER: | UR PROJECT NO.: |       |
| University of Rochester | CONSULTANT: |       |
| 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 all materials and equipment furnished for or installed in connection with all work, labor, and services provided with respect to the performance of the Contract referenced above shall be free of asbestos and any asbestos containing material. The undersigned shall provide any and all documents supporting such certification which may reasonably be required by Owner, including where applicable Safety Data Sheets and/or Material Safety Data Sheets. |
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|       |
|       |
| SUPPORTING DOCUMENTS ATTACHED HERETO | CONTRACTORS |
|  | *(Name and address)*  |
|  |       |
|  |       |
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|  |       |
|  |       |
| *The following supporting documents should be attached hereto* |  |
| *If required by the Owner:* | BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  *(Signature of authorized representative)* |
| 1. Safety Data Sheets / Material Safety Data Sheets |  |  |
|  |       |
|   | *(Printed name and title)* |
|   |  |  |
|  | Subscribed and sworn to before me on this date: |
|  |  |  |
|  | Notary Public: |  |
|  |  |  |
|  | My commission Expires: |  |