

REQUEST FOR REDUCTION IN RETAINAGE

Date: _____

Contract No.: _____ Package Name: _____

PMF/CM: _____ PMF/CM/PO: _____

Contractor: _____

A reduction in retainage is requested based on the following:

1. The Contractor has performed his obligations satisfactorily and has fulfilled his requirements for application of the reduction in accordance with the General Conditions in existence at the time of contract award.

2. A properly executed Consent of Surety is attached.

3. The Project is beyond ____% actual completion. This request will reduce the retainage from ____% to ____% (\$ _____) of the work completed to date until all closeout requirements are completed.

Recommended:

PMF/CM: _____ Recommended Not Recommended
 Signature

_____ Date
 Project Manager (Printed Name)

NJSDA: _____ Recommended Not Recommended
 Signature

_____ Date
 NJSDA Program Officer (Printed Name)

Approved:

NJSDA: _____ Approved Not Approved
 Signature

_____ Date
 NJSDA Program Director (Printed Name)