

Project Name: \_\_\_

## STATE OF MONTANA

## DEPARTMENT OF ADMINISTRATION

## ARCHITECTURE AND ENGINEERING DIVISION

1520 East Sixth Avenue • P.O. Box 200103 • Helena MT 59620-0103 Phone: 406 444-3104 • Fax: 406 444-3399

## CONTRACTOR'S AFFIDAVIT OF COMPLETION, PAYMENT OF DEBTS AND CLAIMS, AND RELEASE OF LIENS

Location:		
A/E #:		
I CERTIFY to the best of my knowledge and belief the accordance with the terms and conditions of the correst acting by and through its DIRECTOR, DEPARTMENT C	ponding contract documents between the	STATE OF MONTANA,
hereinafter called the CONTRACTOR, for the above re	eferenced project.	
I further certify and declare that all bills for materials, s furnished by the CONTRACTOR and used in the execu and that there are no unpaid obligations, liens, claims, so Agencies, subcontractors, materialmen, mechanics, lab caused to be done or ordered to be done by the CONTR	ntion of the contract will be fully paid upon ecurity interests, encumbrances, liabilities corers or any others resulting from or arisi	receipt of Final Payment and/or demands of State
In consideration of the prior and final payments made are releases and forever discharges the OWNER from any and/or liabilities arising by virtue of the contract and auth any and all claims and demands of every kind and charactering to the contract and authorized changes.	and all obligations, liens, claims, security norized changes between the parties, either	interests, encumbrances er verbal or in writing, and
I further certify and agree that the warranty period is d Substantial Completion if there is more than one) of the year from the date of Final Acceptance of the entire pro Completion or Final Acceptance.	Project, or any portion thereof, and contir	nuing for one (1) calendar
This statement is made for the purpose of inducing the Crelying on the truth and statements contained herein.	DWNER to make FINAL PAYMENT under	the terms of the contract,
(Seal)	CONTRACTOR	
	(Signature)	(Title)
		(1185)
Subscribed and sworn to me this Day of	,	
(Seal)	NOTARY	

Notary Public for the State of Montana My Commission Expires: