TRANSMITTAL LETTER

CITY OF CEDAR RAPIDS [x]  Transmittal To Be Mailed IOM

PUBLIC WORKS DEPARTMENT

500 15th Ave SW

Cedar Rapids, IA 52404

Phone: (319) 286-5802

FAX No.: (319) 774-5651

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| --- | --- | --- | --- |
| To: | City ClerkAttn: Alissa Van Sloten | Date:Project #:Re: |  |

***ENCLOSED***

|  |  |
| --- | --- |
| COPIES | DESCRIPTION |
| 2 | 00500 Agreement      –       |
| 1 | 0610 Performance Bond  |
| 1 | 0620 Payment Bond |
| 1 | Certificate of Liability Insurance |

***COMMENTS***

Please have contract documents signed by City Manager and Performance and Payment Bonds, and Certificate of Liability Insurance approved by Risk Manager.

This contract did not go to council for approval. If you have any questions, please let me know. Delete if project goes to Council for approval

# If you have any questions, please let me know.

# SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Contract Coordinator

Encl.