## **REQUEST FOR NOTICE OF COMPLETION**

TO: PUBLIC ENTITY	Name of public entity  Subdivision, if applicable  Street or P.O. Box										
							City		State		Zip
						GENTLEMEN:					
Enclosed is the sum the cost of notification											
Insert location and genera	l description of pub	lic work									
This public work is entered into between the original or repu	you and <u></u> ted original co	ontractor for			concurrently with this						
Pursuant to Section 31	•	•	de:								
"No later than 10 day deemed a completion of entity shall give notice of registered or certified m of the deposit of the reg the address shown upon paid to the public entity	the public work of the expiration ail. When service gistered or certific his stop notice	or after the ac of such period is by register ed mail in a U claim. No sucl	cceptance of to each st red or certi- nited States n notice nee	f completion, whichev op notice claimant by fied mail, service is s post office, address ed be given unless th	er is later, the public y personal service, or complete at the time ed to the claimant at e claimant shall have						
Please send said no	otice of completi	on or cessati	on to the	undersigned.							
SINCERELY,				DATED							
Name of firm											
Street or P.O. Box	City,	State	Zip	-							
Signature of agent or claiman	t	Title		_ Contractor's Li	cense #						
	DE	CLARATION	OF SERV	/ICE							
I,	nce or Notice of ntity at the above	Cessation by f e address, on _	irst class re	egistered/certified m	ail, postage						
Executed on		_ , at		, Califo	ornia						
Signature of person ma	king service										