|  |  |
| --- | --- |
| Z:\Capital Forms & Templates\NW Logo triple stacked.jpg | NORTHWEST MISSOURI STATE UNIVERSITYCAPITAL PROGRAMS**PROJECT WARRANTY NOTICE** |
| PROJECT NUMBER |
| PROJECT TITLE      |
| PROJECT LOCATION      |
| WARRANTY NOTICE NUMBER      | DATE OF ISSUE      |
| WARRANTY START DATE      | WARRANTY END DATE      |
| CONTRACTOR      | DESIGNER      |
| **DESCRIPTION OF THE PROBLEM(S)** |
|       |
| **CORRECTIVE ACTION TAKEN** |
|       |
| **PROBLEM CORRECTED BY** |
| NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | SIGNATURE | DATE      |
| **CORRECTION CERTIFIED BY THE CONTRACTOR’S REPRESENTATIVE** |
| NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | SIGNATURE | DATE      |
| **APPROVAL SIGNATURE BY THE NORTHWEST PROJECT MANAGER** |
| NAME OF INDIVIDUAL SIGNING (PLEASE PRINT)      | SIGNATURE | DATE      |

*Revised* 06/01/2020 FILE: Gen #7 Adapted from State of Missouri OA FMDC

COPIES: All Signees, Director of Capital Programs, Director of Facility Services