

**Town of Miami Lakes
Request For Change Order
Form A**

Name of Contractor:

Project Title:

Contract No.:

RCO #:

Date of Submittal:

Date	Work Performed	Description of Work Performed or Explanation why Work not Performed	Number of Hours Worked	Who Performed the Work

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By signing below the Contractor hereby certifies that the information contained above is consistent with the documentation previously submitted for the above referenced RCO and that the individual is authorized to sign this document on behalf of the Contractor.

Name:
(print name)

Signature: