WORKS MAINTENANCE NOTICE

RON No. _____

To Roading Asset Manager
Kapiti Coast District Council
PO Box 601
PARAPARAMUMU

From …….
(The principal provider or their consultant)

…….

…….

THIS IS TO ADVISE THAT THE 12-MONTH MAINTENANCE AUDIT OF THE WORKS ON

…….. (Street Name)

TYPE OF WORK: ☐ Project ☐ Major ☐ Minor ☐ Emergency

HAS BEEN COMPLETED AND COMPLIES WITH THE CONDITIONS OF THE RON.

This Audit was accomplished by:

☐ A site inspection. Date of inspection: ….....

☐ Not inspected but was one of a batch covered by random inspections in accordance with the Quality Plan agreed with Kapiti Coast District Council.

Signed for/or on behalf of principal provider: …….…….....
Signature

…….....
Print Name

…….....
Date

FOR KAPITI COAST DISTRICT COUNCIL USE ONLY

Works meet required standards …….. ……
Signature Date

Accepted by Kapiti Coast District Council …….. ……
Signature Date

12-month warranty period commences …….
Date