Month Day, Year

Name of Commissioner

Commissioner of Agency

Agency Address

Re: Project Number: DAS/CS Project Number

Project Name: DAS/CS Project Name

Project Location: DAS/CS Project Location

Dear Commissioner:

You are advised that the above noted project is partially complete/complete and ready for use subject to the completion of items noted in the attached copy of the Inspection Report, dated mm/dd/yyyy.

|  |
| --- |
| The areas that are partially complete/complete include : |
|  |

These areas are hereby placed in your custody effective mm/dd/yyyy, subject to the following conditions:

1. Agency shall assume full responsibility for proper maintenance and for damages incurred to the premises.
2. The premises in question shall be free for access by the contractor or his agents for the purposes of completing unfinished and/or corrective work, which may become necessary.
3. The period of guarantee for all materials and work installed within the above noted areas under this contract becomes effective mm/dd/yyyy. It is understood that the above permission to operate and use these premises and appurtenances in no way constitutes final acceptance of this project.

|  |  |  |  |
| --- | --- | --- | --- |
| The total approximate cost of the areas accepted to date is | $ |  | **.** |

The State Insurance and Risk Management Board is requested to place insurance as necessary, effective immediately, to cover, fully, the facilities known as CT DAS Building Number Insert Building Number.

Sincerely,

David H. Barkin, FAIA

Chief Architect

Attachment: Inspection Report = Outstanding Punchlist

The state in order to go “paperless” will send out e-mail copies as below, with the exception of the hard copy team file:

cc: Office of State Comptroller, [osc.assets@ct.gov](mailto:osc.assets@ct.gov)

Sherry Chance, State Insurance and Risk Management Board, [Sherry.Chance@ct.gov](mailto:Sherry.Chance@ct.gov)

Melissa M. Frank, Director of Insurance and Risk Management, [melissa.frank@ct.gov](mailto:melissa.frank@ct.gov)

Insert Name of Agency Contact, Agency, Insert Email Address

Insert Name of Consultant Contact, Consultant, Insert Email Address

Insert Name of GC Contact, General Contractor, Insert Email Address

G. Knapsack, DAS Fiscal Administrative Supervisor, [glenn.knapsack@ct.gov](mailto:glenn.knapsack@ct.gov)

Insert Name of DAS Project ADPM, DAS Assistant Director of Project Management, Insert Email Address

Insert Name of DAS Project Manager, DAS Project Manager, Insert Email Address

Cathy Phelps, Paralegal Specialist, [Cathy.Phelps@ct.gov](mailto:Cathy.Phelps@ct.gov)

Alison Kulas, Paralegal Specialist, [Alison.Kulas@ct.gov](mailto:Alison.Kulas@ct.gov)

Project Email File:

Insert DAS Project Number Team Construction folder (Yellow Y-7) (in PMWeb Document Manager)