|  |
| --- |
| **Notice of Project Cancellation** |
| *The following document shall be completed, signed, & submitted to the DAS PM assigned to the project at 450 Columbus Boulevard, Suite 1201, Hartford, CT 06103, with copy, via email, to Craig Russell, Director Construction Support Services at* *craig.russell@ct.gov**. Please also complete and submit Form 7989 – Project Closeout Report to complete the closeout of the project in accordance with C.G.S. 4b-52.* |
| **Client Agency Name:** |  |
| **Project Number:** |  |
| **Project Title:** |  |
| **Project Location:** |  |
| **Date of Cancellation:** |  |
| **Subject:** | NOTICE OF PROJECT CANCELLATION |

Please be advised that the above referenced project has been cancelled.

**Client Agency Head or Duly Authorized Representative:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Title |  | Signature |  | Date |