



# Indiana Finance Authority

LSL Inventory Funding Program

Spring 2023

## Project Completion Certification

Project Number: \_\_\_\_\_

I certify that I am an Authorized Representative for the utility named below and I confirm that the Scope of Work has been completed in accordance with the work agreed upon with the Service Provider named below for the associated project.

<b>Utility Name</b>	
<b>Utility PWSID</b>	
<b>Name of Authorized Representative</b>	
<b>Title of Authorized Representative</b>	
<b>Phone:</b>	<b>Email:</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am an Authorized Representative of the Service Provider named below and I confirm that the Scope of Work has been completed in accordance with the Professional Services Agreement (PSA) and associated project. I further certify under penalties of perjury that all information provided to the Indiana Finance Authority to support this certification is true and accurate.

<b>Company Name</b>	
<b>Name of Authorized Representative</b>	
<b>Title of Authorized Representative</b>	
<b>Phone:</b>	<b>Email:</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_