

# Vehicle Crossing Works Completion Notice



To:	Roading Department, Waitaki District Council.
From:	
Date:	

(Approved Contractors or their agent)

**This is to advise that Work on Vehicle Crossing is now complete**

on:  (Property address)

**On the behalf of the property owners:**

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**Type of Crossing:**

Tick	Standard Plan	Comments
	Drop Crossing - Plan S0015-4 Drop Crossing	
	Raised Bed Crossing - Plan S0016-Raised Bed	
	Rural Crossing -Plan S0015-4.2A	
	Rural Milking Tanker Entrance -Plan S0015-4.2B	
	Commercial Crossing - Plan 6B	
	Specific:	

**Contractor Details**

Company name:		Contact person:	
Postal address:			
		Post Code	
Phone (Work):		Phone (Mob):	
E-mail:		Fax number:	

**Work is completed in accordance with the Waitaki District Council "Standard Specification for the Construction of New Vehicle Entrances" and any Special Conditions which may be noted in the WDC approval letter. Signed by Approved contractor or their agent:**

Date:		Signature:		Print Name:	
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**Works comply and Two-year Warranty commences. Accepted by Waitaki District Council:**

Date:		Signature:		Print Name:	
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