	DO COUNTY	VISION				•	heet 1		of 1	
							illeet 1			\neg
CONTR	RACT CHA	NGE ORDER		Change F	Requested by:	⊠ Eng	gineer		Contract	or
CCO No.	Suppl. No.	Contract No. 71328	Road U.S. 50 Silva Valley Interchange Project -		Federal Number(s)					
то Му	ers and So	ns Construction		,Contractor					_	
You are directed to make the following changes from the plans and specifications or do the following described work not included in								plans	and	_
Total No. of Section 2	THE RANGE OF STREET	ract. NOTE: This ch	ACTION OF THE PARTY.		⊠ Yes		No	OF THE PERSON	-	
			ities and prices to be paid. (Segre accumulated increase or decrease					e and f	force	
Provide ad Order 2.	ditional funds	in order to provide	e compensation for flagging a	and temporary	traffic control as c	letailed i	n Contra	ct Cha	ange	
Extra Wo	rk at Force A	ccount:								
Estimated 1	Increase							\$69.:	500.00	
CCO 2 CCO 2.1 CCO 2.2 Total	\$ 100,0 \$ 109,0 \$ 69,0 \$ 275,0	000.00 500.00 500.00 000.00	Estimated Cost: will be adjusted as follows:	Decrease No Adjus		·	\$69,500.	00		
Submitte	ed by						I DATE	1	/	
Approved	1/1/	Sufor	(PRINT NAME & TITLE) Aradhana Kochar, P.	E., Resident I	Engineer		DATE 03	29/	16-	* Tol
SIGNATU	1 //	7	(PRINT NAME & TITLE)				DATE		. ,	
Statistical States	. \ / \	1	John Kahling, P.E., D	eputy Directo	r, Engineering		03/2	91	(b.	- 10
SIGNATU	Saul F	former	(PRINT NAME & TITLE) Bard R. Lower, Direct Transportation Division Community Developm	on,			DATE 3	29	lb	
SIGNATU		Dodotto	(PRINT NAME & TITLE) Steven M. Pedretti, D				DATE 3/	29/	111	
Approved	10- 10(.)	1-2000	Community Developr	nent Agency			Ste Kitchines	- 1/	16	Alge
SIGNATUR	RE		(PRINT NAME & TITLE) Ron Mikulaco				DATE			record .
10/- 11			Chair, Board of Supe							
equipment, accept as f all direct c contractor	, furnish the mat full payment the costs, indirect o r, do not sign a	erials, except as may refor the prices show costs, cumulative co cceptance of this or	eful consideration to the change of otherwise be noted above, and in above. The prices and terms osts, and all overhead costs in oder, your attention is directed in the time therein specified.	I perform all serv of payment sho ocurred as a res I to the requiren	ices necessary for the own above comprisult of this contract	ne work ab e full and change o	bove spec d final cor order. NO	ified, a npens TE: If	and will sation fo you, the	r
	or Acceptance	by	(DDINT NAME O TITLE)				DATE	177		100
SIGNATU	KE		(PRINT NAME & TITLE)				DATE			