

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3883

CHANGE ORDER

CHANGE ORDER NO			
CHANGE ORDER DESCRIPTON			
PROJECT NAME:			
PROJECT CODE:			
CONTRACTOR NAME:			
THE FOLLOWING MODIFI (Detail provided on additional page(s). CONTRACT VALUE		THE CONTRACT ARE HEREBY () CONTRACT TIME (CALENDA	
ORIGINAL CONTRACT	\$	_ ORIGINAL CONTRACT	DAYS
PREVIOUS CHANGE ORDERS	\$	_ PREVIOUS CHANGE ORDERS	DAYS
THIS CHANGE ORDER	\$	THIS CHANGE ORDER	DAYS
REVISED CONTRACT VALUE	\$	REVISED CONTRACT TIME	DAYS
REVISED CONTRAC	T COMPLETION	N DATE:	
By: City of Key West		By:	
		Contractor Name	
Authorized Signature		Authorized Signature	
Printed Name		Printed Name	
Title		Title	

Date

Date