



NOTICE TO SUSPEND, OR RESUME WORK ORDER		OWNER:	
		PROJECT NAME:	
		PROJECT:	
		NAME AND ADDRESS OF CONTRACTOR:	
ORDER NUMBER:	DATE ISSUED:		
THIS IS YOUR NOTICE TO SUSPEND, OR RESUME WORK ON THE CONTRACT AS NOTED.			
RESUMPTION OF WORK			
Effective Beginning of Business: _____ New Contract ending Date: _____			
Time changed during period or partial suspension _____ calendar days.			
SIGNATURE	TITLE	DATE	
PLEASE ACKNOWLEDGE RECEIPT BY RETURNING _____ COPY(S) TO _____			
SIGNATURE	TITLE	DATE	
<p>INSTRUCTIONS: If mailed to Contractor, send original by Certified Mail- Return Receipt Requested If delivered in person, have Contractor sign the acknowledgement and retain the original.</p>			