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NOTICE TO SUSPEND, WORK ORDER		OWNER:
		PROJECT NAME:
		PROJECT:
ORDER NUMBER:	DER NUMBER: DATE ISSUED:	NAME AND ADDRESS OF CONTRACTOR:
THIS IS YOUR NOTICE TO SUSPEND, WORK ON THE CONTRACT AS NOTED.		
SUSPENSION OF WORK		
You are to suspend work for the following reason(s): <u>lead time to manufacture Slide gate</u> .		
Effective close of business:		
Type of Suspension Total Partial		
No Charge will be made against contract time for period of		
suspension.		
Full count of contract time will continue An equitable adjustment of contract time will be made for period of		
partial suspension upon resumption work.		
The Contractor shall, effective immediately, cease to issue any		
further orders and/or subcontracts for materials or services of this Contract. The Contractor shall immediately comply with this order and take all reasonable steps to minimize the incurrence of		
cost allocable to the work covered by this during the period of work stoppage.		
DO NOT RESUME WORK LINTIL YOU ARE NOTIFIED TO DO SO IN WRITING		