STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF FACILITIES DEVELOPMENT (DFD)
DOA-4507 (R5/2025)
s. 779.16 Wisconsin Statutes



Mailing Address: Post Office Box 7866, Madison, WI 53707-7866 Street Address: 101 E. Wilson Street, 7th Floor, Madison, WI 53702 http://www.doa.wi.gov/pages/aboutDOA/FacilitiesDevelopment.aspx

SETTLEMENT CERTIFICATION

Submit Prior to Final Payment Request

| Attn: | | | DFD Project No. | |
|--|---------------------|----|-----------------|--|
| | DFD Project Manager | | | |
| Ref: | | | | |
| | Work Description | | | |
| | | | | |
| | | | | |
| Project Title | | | | |
| Project Location | | | | |
| | | | | |
| CERTIFICATION | | | | |
| | | | | |
| The undersigned hereby certifies that all debts and claims against the referenced Contract for this project have | | | | |
| either been paid in full, or have otherwise been satisfied. The acceptance of final payment for the referenced | | | | |
| Contract by the undersigned shall constitute a waiver of all claims by this Contractor against the State. | | | | |
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| | | | Signed By | |
| | | | | |
| | | | Title | |
| | | | Firm Name | |
| | | | Firm Name | |
| | | | | |
| | | | | |
| Subscribed to a | nd Sworn before me | | | |
| This day | of | 20 | | |
| <u></u> aay | · | _, | | |
| Notary Public | | | | |
| | | | | |
| My Commission expires, 20 | | | | |