

Figure 3-12
NOTIFICATION OF UNPAID BILLS

Claimant's Name
Claimant's Address
City, State, Zip

Date

SAMPLE LETTER FORMAT
FOR INFORMATIONAL PURPOSES ONLY

Dear Sir / Madam

APPLY, INDIVIDUALLY

NOTIFICATION OF UNPAID BILLS

Financial Project ID _____

Federal Aid Project Number _____

Contract Number _____; _____ County

This office has received notification of unpaid bills by (Prime Contractor's Name) on the above referenced job (copy attached).

The final estimate on this job will not be paid until the surety company and the contractor submit to the Department of Transportation an executed Form 21-A which stipulates settlement or assurance of settlement of any just bills or claims.

The surety company for this contract is Surety's Name and Address and it is suggested that you also notify them concerning this claim.

In order to inform you of your statutory rights, a copy of Section 255.05 Florida Statutes is enclosed.

Sincerely,

District Final Estimates Engineer
(Area code) Phone Number

Initial/Initial

Enclosures:

xc: (Surety) w/encl

(Prime Contractor) w/encl*

(Subcontractor), if applicable, w/encl*

Manager, Contract Administration Office, w/encl *

District Construction Engineer, w/encl*

* Enclosure: copy of letter from claimant

Enclosure to addressee only - copy of 255.05 of Florida Statutes