

[PRINT ON AGENCY LETTERHEAD]

Change Order Request

Project Number _____
 Subject Property Address: _____
 Change Order Number: _____

Developer Name(s): _____
 Address: _____
 Phone #: _____
 Fax #: _____

Contractor Name: _____
 Address: _____
 Point of Contact: _____
 Phone #: _____ Fax #: _____

Date _____

The Contact is changed as follows:

Original Rehab Cost:	\$ _____
Original Estimated Completion Date:	_____
Net Change by previously authorized Change Orders	\$ _____
Rehab Cost will be (increased) (decreased)	
(unchanged) by this Change Order in the amount of	\$ _____
New Rehab Cost including this Change Order will be	\$ _____
Project Time will be (increased) (decreased) (unchanged) by	_____
The Date of Substantial Completion as of the date of this	
Change Order therefore is	_____

Not valid until signed by the City of North Las Vegas Authorized Representative.

Developer and Contractor agree to the terms stated above:

Developer: _____ Date: _____

Contractor: _____ Date: _____

City of North Las Vegas
 Authorized Representative: _____ Date: _____