



**AFFIDAVIT OF CONTRACTOR OR
SUBCONTRACTOR PREVAILING WAGE**

STATE OF OHIO)
HAMILTON COUNTY)
METROPOLITAN SEWER DISTRICT) SS:
CITY OF CINCINNATI)

I, _____, _____
(OFFICER OR AGENT) (TITLE)

OF _____, DO HEREBY CERTIFY
(COMPANY NAME)
THAT WAGES PAID TO ALL EMPLOYEES FOR THE FULL NUMBER OF HOURS WORKED IN
CONNECTION WITH THE METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI'S
PROJECT ID NO. _____ FOR THE IMPROVEMENT, REPAIR AND CONSTRUCTION
OF _____.
(PROJECT NAME/LOCATION)

FOLLOWING PERIOD FROM _____ TO _____ IS IN ACCORDANCE WITH
THE PREVAILING WAGES PRESCRIBED BY THE DOCUMENTS.

I FURTHER CERTIFY THAT NO REBATES OR DEDUCTIONS FROM ANY WAGES DUE ANY
PERSON HAVE BEEN DIRECTLY OR INDIRECTLY MADE THAN THOSE PROVIDED BY LAW.

(SIGNATURE OF OFFICER OR AGENT)

SWORN TO AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____, 20____.

(NOTARY PUBLIC)

NOTICE CONCERNING AFFIDAVIT FORM

THE ABOVE AFFIDAVIT MUST BE EXECUTED BY THE OFFICER OR AGENT OF THE
CONTRACTOR OR SUBCONTRACTOR WHO SUPERVISES THE PAYMENT OF THE EMPLOYEES
AND NOTARIZED, BEFORE THE METROPOLITAN SEWER DISTRICT WILL RELEASE THE
SURETY AND/OR MAKE FINAL PAYMENT DUE UNDER THE TERMS OF THE CONTRACT.