



STATE OF MONTANA
DEPARTMENT OF MILITARY AFFAIRS
CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison, MT 59636-4789
 Phone: 406 324-3100 • Fax: 406 449-5148

CONSENT OF SURETY COMPANY TO FINAL PAYMENT

Project Name: _____
 Location: _____
 DMA#: _____

TO: JFHQ-MT
DMA - CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
1956 MT. MAJO ST., P.O. BOX 4789
FORT HARRISON, MT 59636-4789

Contractor: _____ Contract Date: _____

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the
 (here insert name and address of Surety Company)

_____, Surety Company,

on bond of (here insert name and address of Contractor)

_____, Contractor,

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not
 relieve the Surety Company of any of its obligations to the Montana Department of Military Affairs, Owner,
 as set forth in the said Surety Company's bond.

IN WITNESS WHEREOF,
 the Surety Company has hereunto set its hand this _____ day of _____, _____

 Surety Company

 Signature of Authorized Representative

 Title

Attest:
 (Seal)