



AFFIDAVIT

From: _____
(Name of Person or Firm giving release)

(Street Address)

(City, State, Zip Code)

Project: _____
(Project)

(Address of Project)

(City, State, Zip Code)

SUBCONTRACTOR:

The undersigned subcontractor hereby certifies that all union trust benefits on behalf of the subcontractor's employees on the above referenced project are paid and current through _____.
(Date)

Firm Name: _____
 By: _____
 Title: _____
 Date: _____

UNION TRUST:

The undersigned union trust hereby certifies that in accordance with the trust's records, the above name subcontractor has paid all benefits due for hours worked by its employees for the above referenced project through the period ending _____. This certification shall in no way
(Date)
 relieve the subcontractor of responsibility for employee benefits contributions not reported or incorrectly reported and due.

The union trust hereby releases PCL Construction Services, Inc. of any claims for unpaid benefits due to the subcontractor's failure to report and pay those benefits.

Union Trust: _____
 By: _____
 Title: _____
 Address: _____
 City/State/Zip: _____
 Phone: () _____