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Please address correspondences to the Chief Executive Officer.

File Reference:

Government of Samoa

MINISTRY OF WORKS, TRANSPORT AND INFRASTRUCTURE

COMPLIANCY CONFIRMATION FORM 2

PROJECT: .....

.....

OWNER & ADDRESS: .....

RESPONSIBLE AGENCY	CONCERNS	APPROVAL	
		YES	*NO*
ELECTRIC POWER CORPORATION *Certifying Officer:* ..... *Name* ..... *Signature* ..... *Position* *Date: ...../...../.....*	*1) Existing Site Conditions:* .... *1) Recommendations :*		
FIRE & EMERGENCY SERVICES AGENCY *Certifying Officer:* ..... *Name* ..... *Signature* ..... *Position* *Date: ...../...../.....*	*2) Existing site conditions:* ..... *3) Stairways:* .... *4) Firewalls:* .... *5) Other:*		
SAMOA TEL *Certifying Officer:* ..... *Name* ..... *Signature* ..... *Position* *Date: ...../...../.....*	*6) Existing Site Conditions:* .... *Recommendations :* .... Created with		

NOTE : PLEASE RETURN FORMS 1 & 2 TO MWTI – ASSET MANAGEMENT BUILDING DIVISION AFTER

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