

**AFFIDAVIT OF INDUSTRIAL INSURANCE COMPLIANCE**

***COMPLETE AND RETURN THIS FORM UPON RECEIPT OF THE LAST CERTIFIED PAYROLL, INCLUDING ALL SUB-CONTRACTORS, FOR THIS PROJECT***

STATE OF WASHINGTON )  
  )           SS.  
COUNTY OF                         )

\_\_\_\_\_ being first duly sworn, on her/his oath says that all payments for Industrial Insurance and Medical Aid have been made for all workers, either directly employed by the Contractor or employed under subcontract, who have performed work on:

**PROJECT NUMBER    PROJECT TITLE**

\_\_\_\_\_  
\_\_\_\_\_  
Contractor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
State of Washington, residing in

My commission expires:

\_\_\_\_\_

**Prior to the City filing 'Notice of Completion', this form must be signed, notarized, and submitted to the City of Camas.**

Original: MEUR Folder  
 Copy: Payroll Status Folder

**Project Title**  
**Project Number**

**Monthly Employee Utilization Reports and Payroll Related Documents**  
**Received-to-date:**

<b>Contractor</b>	<b>MEUR Dates</b>	<b>Work Began</b>	<b>Rqst to Sublet</b>	<b>Intent</b>	<b>No. of Payrolls Rcvd.</b>	<b>Affid.</b>	<b>Compl.</b>
Prime Contractor							
Subcontractors ↓							