**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT**

29-PROGRESS PAYMENT REQUEST-SUPPLEMENTAL FORIVI REGARDING STATUS OF CLAIMS UPDATE, AND WAIVER AND RELEASE OF UNLISTED CLAIMS

# WARNING:

**This form must be submitted as part of every progress payment request.**

**Each prior and new claim must be identified.**

**Progress payments will not be processed without submission of this form.**

# FAILURE TO LIST PRIOR AND NEWCLAIMS IN THIS DOCUMENT WILL CONSTITUTE A WAIVER AND RELEASE OF ANY CLAIM AND ALL DAMAGE RELATED THERETO.

**CONTRACTOR'S NAME:**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# DATE OF THIS REQUEST: CLAIMS AS TO WHICH NOTICE HAS ALREADY BEEN GIVEN:

**[List all] [Use additional sheets as needed)**

# NEW CLAIMS, AS TO WHICH NOTICE HAS NOT PREVIOUSLY BEEN GIVEN, AND AS TO WHICH THE REQUIRED FORM OF WRITTEN NOTICE IS ATTACHED:

**[List all] [Use additional sheets as needed]**

By executing and submitting this supplement to my request for a progress payment, I am certifying to the Owner that I have listed all claims, including claims as to which notice has already been given in compliance with the requirements of the Contract Documents, and including any new claims arising since the prior progress payment request. The foregoing information is accurate, complete and true, except as expressly noted. I am authorized on behalf of the claimant in such claims to make these representations, and to waive and release claims. Any claim not expressly and specifically identified herein is hereby waived, and the Owner, its Trustees, officers, agents and employees are hereby released from any and all claims not expressly identified herein.

I, the undersigned, declare under penalty of the perjury laws of the State of California, that the foregoing is true and correct.

# CLAIMANT'S TYPED/PRINTED NAME: CLAIMANT'S SIGNATURE:

Progress Payment Request-Supplement

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