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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 1

PROJECT:

OWNER & ADDRESS:

RESPONSIBLE AGENCY	CONCERNS	APPROVAL	
		YES	NO
<p>LAND TRANSPORT AUTHORITY</p> <p><i>Certifying Officer:</i></p> <p>.....</p> <p style="text-align: center;"><i>Name</i></p> <p>.....</p> <p style="text-align: center;"><i>Signature</i></p> <p>.....</p> <p style="text-align: center;"><i>Position</i></p> <p><i>Date:</i>/...../.....</p>	<p>1) <i>Frontage Road:</i></p> <p>.....</p> <p>.....</p> <p>2) <i>Other Roads:</i></p> <p>.....</p> <p>.....</p> <p>3) <i>Remarks:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>SAMOA WATER AUTHORITY</p> <p><i>Certifying Officer:</i></p> <p>.....</p> <p style="text-align: center;"><i>Name</i></p> <p>.....</p> <p style="text-align: center;"><i>Signature</i></p> <p>.....</p> <p style="text-align: center;"><i>Position</i></p> <p><i>Date:</i>/...../.....</p>	<p>4) <i>Existing Water & Sewer Conditions :</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5) <i>Recommendations :</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

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