

NOTICE TO SUSPEND, WORK ORDER		OWNER:
		PROJECT NAME:
		PROJECT:
ORDER NUMBER:	DATE ISSUED:	NAME AND ADDRESS OF CONTRACTOR:
THIS IS YOUR NOTICE	 TO SUSPEND, WORK ON	 N THE CONTRACT AS NOTED.
SUSPENSION OF WORK		
You are to suspend work for the following reason(s):  Effective close of business:  Type of Suspension Total Partial		
No Charge will be made against contract time for period of suspension Full count of contract time will continue An equitable adjustment of contract time will be made for period of partial suspension upon resumption work The Contractor shall, effective immediately, cease to issue any further orders and/or subcontracts for materials or services of this Contract. The Contractor shall immediately comply with this order and take all reasonable steps to minimize the incurrence of cost allocable to the work covered by this during the period of work stoppage.		
DO NOT RESUME WORK UNTIL YOU ARE NOTIFIED TO DO SO IN WRITING		