



**FINAL AFFIDAVIT OF CONTRACTOR OR  
SUBCONTRACTOR PREVAILING WAGE**

STATE OF OHIO )  
HAMILTON COUNTY )  
METROPOLITAN SEWER DISTRICT ) SS:  
CITY OF CINCINNATI )

I, \_\_\_\_\_, \_\_\_\_\_  
(OFFICER OR AGENT) (TITLE)

OF \_\_\_\_\_, DO HEREBY CERTIFY  
(COMPANY NAME)  
THAT WAGES PAID TO ALL EMPLOYEES FOR THE FULL NUMBER OF HOURS WORKED IN  
CONNECTION WITH THE METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI'S  
PROJECT ID NO. \_\_\_\_\_ FOR THE IMPROVEMENT, REPAIR AND CONSTRUCTION  
OF \_\_\_\_\_.  
(PROJECT NAME/LOCATION)

FOLLOWING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ IS IN ACCORDANCE WITH  
THE PREVAILING WAGES PRESCRIBED BY THE DOCUMENTS.

I FURTHER CERTIFY THAT NO REBATES OR DEDUCTIONS FROM ANY WAGES DUE ANY  
PERSON HAVE BEEN DIRECTLY OR INDIRECTLY MADE THAN THOSE PROVIDED BY LAW.

\_\_\_\_\_  
(SIGNATURE OF OFFICER OR AGENT)

SWORN TO AND SUBSCRIBED IN MY PRESENCE  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

**NOTICE CONCERNING AFFIDAVIT FORM**

THE ABOVE AFFIDAVIT MUST BE EXECUTED BY THE OFFICER OR AGENT OF THE  
CONTRACTOR OR SUBCONTRACTOR WHO SUPERVISES THE PAYMENT OF THE EMPLOYEES  
AND NOTARIZED, BEFORE THE METROPOLITAN SEWER DISTRICT WILL RELEASE THE  
SURETY AND/OR MAKE FINAL PAYMENT DUE UNDER THE TERMS OF THE CONTRACT.