

LFUCG TASK ORDER NO. _____
UNDER LFUCG AGREEMENT WITH _____ FOR

CONSULTANT

OWNER

Name		Lexington Fayette Urban County Government
Street Address		125 Lisle Industrial Ave. Suite 180
City, State, Zip		Lexington, KY 40511
Contact Person		
Telephone		859-425-2400
Fax		859-254-7787
E-Mail		
Task Order Date:		
Task Name:		
Task ID:		

SCOPE OF WORK/DELIVERABLES

SCHEDULE OF WORK

FEE

ACCEPTED BY:

AUTHORIZED BY:

Consultant's Authorized Signature

Owner's Authorized Signature

Date Signed

Date Signed

Two originals of this work order shall be executed by the Owner and returned to _____. A fully executed copy will be returned to the Owner.