

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

REPAIRED ROOF + CHIMNEY IN MULTIPLE AREAS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CUSTOM CONSTRUCTION Date: 12-3-18

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____