

**CERTIFICATION OF WORK
SERVICE CALL**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: DE007 Date of Visit: 10/25/19

Contractor Personnel on Site:

- | | |
|-----------------------------|----------|
| 1. <u>LAWRENCE CARLISLE</u> | 4. _____ |
| 2. <u>ANDREW MASON</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# ~~16064~~ 16044 WO# ~~8504~~ 8504X 6405

Description of Repairs

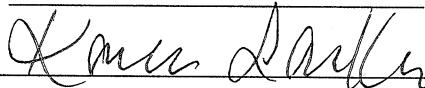
INSTALL LAMPS & BALLASTS TO EXTERIOR LIGHT POLES; 6 LAMP, 5 BALLAST KITS; ADDITIONAL WORK AT NO CHARGE;

CERTIFICATION OF WORK

**See field ticket #109561 for customer's signature

To be signed by the Contractor:

Print Name: KAREN LARKIN Date: 10/25/19

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____

