

CERTIFICATION OF WORK
To be completed by the Contractor and signed by the Contractor's CMMS

Facility/Building: MPD - PRISON 401 Date of Visit: 8/26/20
Location Address: 6770000000000000
Contractor Personnel on Site:
JOHN DAVIS, JIM BROWN
Work performed: REMOVE POT HOLES, PATCHES, GRIND
Service Calls: POC 500
REMOVE AND PATCH
Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: JOHN DAVIS Date: 8/26/20
Signed: JOHN
To be signed by Facility Manager:
I certify that the above named individuals representing the Contractor arrived on site.
Print Name/Title: JOHN DAVIS, JR. Date: 8/26/20
Signed: JOHN
Email: JOHN.DAVIS@MPD.MY

