

CERTIFICATION OF WORK

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

FACID/Building: NY23 VAC PRES VOL C. Date of Visit: 7/15/21

Location Address: 46 TOTTEN NY

Contractor Personnel on Site:

PAUL / TROY / JAMES / TERRY

Work Performed: Remove tree / stump / back fill

Service Calls – PO/CSS#

CSS 31477 WO 14386

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wooten

Date: 7/15/21

Signed: John Wooten

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Lewis Corso AFOS Date: 16 July 2021

Signed: Lewis Corso

Email: Lewis.A.CORSO.CTR@mail.mil

