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| CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS) | |
| FACID/Building: <u>NYCS MUNI EDG CORP</u> | Date of Visit: <u>2/21/22</u> |
| Location Address: <u>RT 101 NEW YORK</u> | |
| Contractor Personnel on Site: <u>PAUL JAMES</u> | |
| Work Performed: <u>REPAIR MUNI ENTRANCE GATE</u> | |
| Service Calls - PO/CSS# <u>OK 98072 NO 15799</u> | |
| Please take pictures and send with quote | |
| CERTIFICATION OF WORK | |
| To be signed by the Contractor: | |
| Print Name: <u>PAUL JAMES</u> | Date: <u>2/21/22</u> |
| Signed: <u>James</u> | |
| To be signed by Facility Manager: I certify that the above named individuals representing the Contractor arrived on site. | |
| Print Name/Rank: <u>LOWE CONDO ACES</u> | Date: <u>3/6/22 2022</u> |
| Signed: <u>John C</u> | |
| Email: <u>LOWE CONDO ACES@MAIL.COM</u> | |

