

CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NYB Reg 206</u>	Date of Visit: <u>2/1/22</u>
Location Address: <u>97 TUTTLE NY</u>	
Contractor Personnel on Site: <u>Greg - JAMES</u>	
Work Performed: <u>REPAIR FAN COIL UNDER</u>	
Service Calls - PO/CSS# <u>CGS 84484 WD 16284</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>Tobin Watson</u>	Date: <u>2/1/22</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager: I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>Louis Cason Apes</u>	Date: <u></u>
Signed: <u>[Signature]</u>	
Email: <u>Louis.A.Cason-2@Gmail.com</u>	

