

CERTIFICATION OF WORK		
(To be completed by the Contractor and saved in the Contractor's CMMS)		
FACID/Building:	<u>NYB3 LIFT STATION</u>	Date of Visit:
Location Address:	<u>FT TOWNE</u>	
Contractor Personnel on Site:		
<u>STEVE CHMIS, Steve</u>		
Work Performed: <u>Pump LIFT STATION for Power wash</u>		
Service Calls - PO/CSS#		
<u>OSF 34483 WO 17167</u>		
Please take pictures and send with quote		
CERTIFICATION OF WORK		
To be signed by the Contractor:		
Print Name:	<u>JOHN HARRIN</u>	Date:
Signed:	<u>John</u>	
To be signed by Facility Manager:		
I certify that the above named individuals representing the Contractor arrived on site.		
Print Name/Rank:	<u>JOHN CHMIS RFO</u>	Date:
Signed:	<u>John</u>	
Email:	<u>JOHN.CHMIS.CIV@MNRD.MI.EDU</u>	

