

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

FacID/Building: 1423 Area 206 Date of Visit: 3/1/23

Location Address: FT TOWNE NY

Contractor Personnel on Site:
TECO, PAUL, PARENT, JAMES, THOMAS

Work Performed: Remove trees around stamp, remove debris
 Service Calls - PO/CS88

06190278 44020203

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Weller Date: 3/1/23
 Signed: John Weller

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: PETER COMITO AFOS Date: MARCH 2, 2023
 Signed: Peter Comito
 Email: PETER.D.COMITO.CT@DOD.DODGY.MIL

