

CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NYC MUNI BUREAU</u>	Date of Visit: <u>11/12/23</u>
Location Address: <u>Staten Island NY</u>	
Contractor Personnel on Site: <u>Diana J. Park</u>	
Work Performed: <u># 200124 NOT WORKING THERMOSTAT</u> Service Calls - PO/CSS: <u>MESSAGE TO THE PERSON WHO HAS THE THERM</u> <u>6591288 WO 20584</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN W. HARRIS</u>	Date: <u>11/12/23</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>LAUREL CUNEO RFA S</u>	Date: <u>JANUARY 3, 2023</u>
Signed: <u>[Signature]</u>	
Email: <u>LAUREL.CUNEO@NYC.MI</u>	

