

## CERTIFICATION OF WORK

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

FACID/Building: NY058-02,03,08,104,

Date of Visit: 7/13

Location Address: WO #9189,9190,9190,9153,9154,9155,9194

Contractor Personnel on Site:

Deen Rowe

**Work Performed:** g Monthly PM Overhead doors key pad, single gate, motor vehicle lights

**Service Calls – PO/CSS#**

**Please take pictures and send with quote**

## CERTIFICATION OF WORK

**To be signed by the Contractor:**

Print Name: Deen Rowe

Date: 7/13/2020

Signed: Deen Rowe

**To be signed by Facility Manager:**

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Email: \_\_\_\_\_