



## WORK VERIFICATION FORM

Clear Vision Facilities Management  
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1525 Rancho Conejo Blvd., #207  
Newbury Park, CA 91320  
[service@clearvisionfm.com](mailto:service@clearvisionfm.com)

JOB NAME/SITE NUMBER		CONTACT NAME	DATE OF CALL
JOB ADDRESS			JOB PHONE
CITY & STATE/ZIP			
CUSTOMER W.O. / PO #			
<b>SERVICE TYPE</b>	<b>GLASS REPLACEMENT</b>	<b>LOCKS</b>	
<input type="checkbox"/> Regular Hours <input type="checkbox"/> E/S Call <input type="checkbox"/> After Hours <input type="checkbox"/> Board Up Size _____	<input type="checkbox"/> Annealed <input type="checkbox"/> Lami <input type="checkbox"/> Temp <input type="checkbox"/> IG Unit <input type="checkbox"/> Specify color _____ <input type="checkbox"/> Size _____ Thickness: <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Other	<input type="checkbox"/> Key Cylinder <input type="checkbox"/> Thumb Turn <input type="checkbox"/> Hook or Straight throw <input type="checkbox"/> Other <input type="checkbox"/> Paddle device <input type="checkbox"/> Panic Hardware (specify type)	

DOOR REPAIRS			
<input type="checkbox"/> ACTIVE LEAF <input type="checkbox"/> INACTIVE LEAF **SPECIFY ENTRANCE LOCATION _____			
<b>Door Type</b>	<b>Closers</b>	<b>Pivots</b>	<b>Hinges</b>
<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> Surface Mount <input type="checkbox"/> COC <input type="checkbox"/> Speciality Closer (Specify Type) _____ <input type="checkbox"/> Closer Arm (Specify Type) _____	<input type="checkbox"/> Offset <input type="checkbox"/> Center Hung <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Other	<input type="checkbox"/> Butt <input type="checkbox"/> Spring Loaded <input type="checkbox"/> Continuous <input type="checkbox"/> Other

### SERVICES PERFORMED:

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This is to certify that the above repairs and/or replacements have been made as specified above and that the work has been completed in a satisfactory manner. If the work is not covered by insurance, or if an insurance carrier disputes and/or denies claim, then the undersigned will be responsible for payment in full.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Stamp