



JOB SIGN OUT / CUSTOMER VERIFICATION

THIS DOCUMENT MUST BE EMAILED BACK TO dwolfanger@granitenet.com WITHIN 24 HOURS OF COMPLETION.

GRANITE TICKET # _____

Cust Name _____
Site Address _____
City, ST, Zip _____
Site Contact _____
Site Phone _____

DATE
RECEIVED: _____

DATE ON SITE: _____

CUSTOMER'S AUTHORIZATION FOR BILLABLE WORK

I hereby certify that Granite Telecommunications has successfully provided the services identified below

CUSTOMER SHOULD SIGN ONLY AFTER ALL BILLING INFORMATION & MATERIALS USED FIELDS HAVE BEEN FILLED OUT
No digital signatures will be accepted, this document must be printed and signed

Print Name	Customer's Signature	Date
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JOB STATUS (check /)

Completed Scope	<input type="checkbox"/>
Work Previously Completed	<input type="checkbox"/>
Site Survey Completed	<input type="checkbox"/>
Site Not Ready	<input type="checkbox"/>
Additional DPO Required	<input type="checkbox"/>

BILLING INFORMATION --- ALL FIELDS MUST BE COMPLETED

Date	# Techs	Hours On-Site (to nearest 1/4 hr.)	Travel Time ONE WAY (to nearest 1/4 hr.)	Arrival Time	Completion Time

DESCRIPTION OF ALL WORK PERFORMED (DO NOT complete work outside of requested scope)

# Cables	
DATA:	Runs []
	Moves []
	Activate []
VOICE:	Runs []
	Moves []
	Activate []

Granite Network Integration **MUST** be notified when the tech has **arrived on site**
and before leaving site by calling Douglas Wolfanger @ 615-668-8643 with related closeout information.
Hours worked on site & materials must be provided for all jobs

MATERIALS INSTALLED

_____ Cat 5E Cable / ft	_____ Cat 3 Cable / ft	_____ Faceplate (# of ports _____)
_____ 25 Pair Cable / ft	_____ Cat 5 RJ-45 Jack	_____ Surface Mount Box
_____ 66 Block	_____ Cat 3 RJ-11 Jack	_____ Other (details)
_____ RJ-21x w/Female Connector	_____ Cat 5E Plenum	_____ Other (details)

COMMENTS: MUST PROVIDE TEST RESULTS FOR ALL NEWLY INSTALLED CABLES