120200 **Incident #: Customer Reference #: Bridgepointe Site Name: SEPTA**



Site Contact:

Addres: 1234 MARKET ST

> PHILADELP Pennsylvania 19107 HIA

Site Phone:

Please call (281) 668-3211 immediately apon arrival to check in.

7/30/2021 9:00:00 AM **Scheduled Date and Time:**

Scope of Work:	
SEPTA 1234 MARKET ST PHILADELPHIA, PA 19107	
SOW * TRISTAR Equipment where the extension needs to ter * DMARC: 8th flr xerox server room rack #1 RU40 Me * Rack and patch in an SDWAN device that will connec	dia converter port1 RJ45 handoff tagged.
	ians agree to wear surgical or cloth masks while on-site and like of protecting the health of our customers, this requirement ion or country where the job is executed. Be prepared to
(**TOOL REQUIREMENTS **)	
********** COLLATERAL ************************************	
-Signed off WO Must be sent right after execution at lcutliff@intellicomm1.com	
T 1 ' ' N	A' . 1 T'

Technician Name:	Arrival Time:
Service Date:	Departure Time:
I certify that all work was completed as described by the Scope of Work above.	
I will submit all photos and documentation to lcutliff@intellicomm1.com within 24 hours.	
Technician Signatur	re:



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Customer Signature: