

# Field Check Worksheet

Complete form and fax to Dealer Project Manager at 315-451-1766.

Job Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

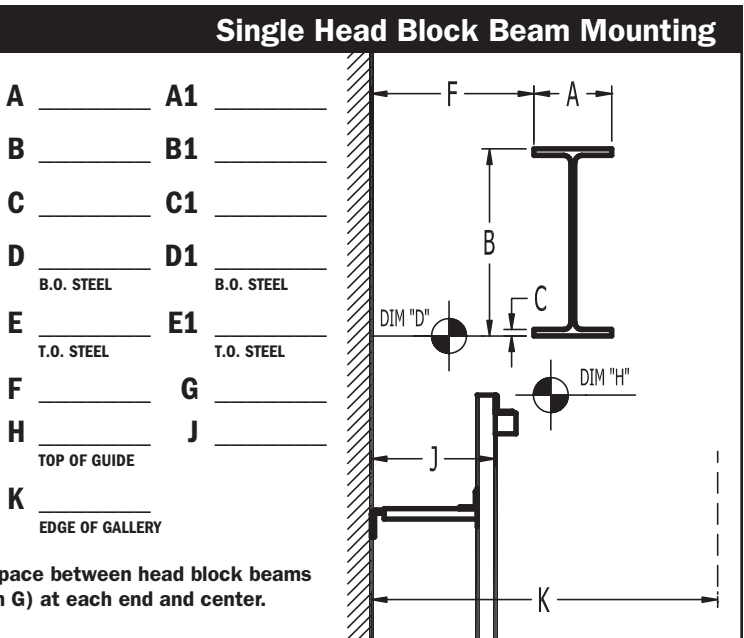
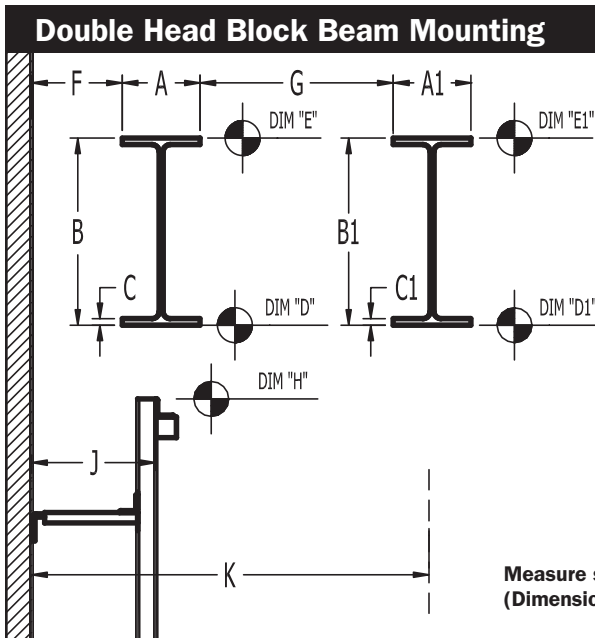
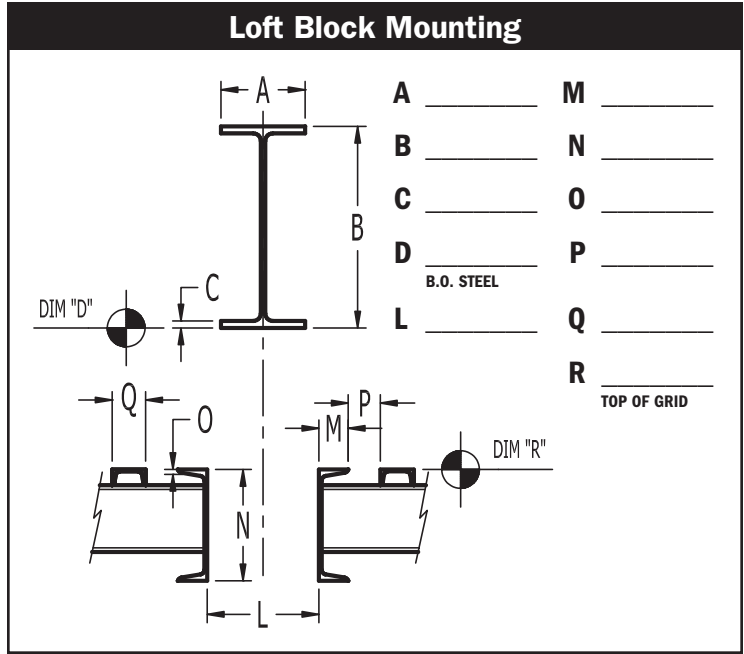
Job Location: \_\_\_\_\_

Completed By: \_\_\_\_\_

Room/Venue: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Special Conditions**



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Field Notes: \_\_\_\_\_

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