

AUTHORIZATION OF CHANGE IN SERVICE

CONTRACT NUMBER / CONTRACT NAME:			
CITY REPRESENTATIVE/ DEPARTMENT:			
CONTRACTOR:			
CONTRACT EFFECTIVE DATE:		COUNCIL RES. NO:	
THIS AUTHORIZATION DATE:		AUTHORIZATION NO.:	

DESCRIPTION OF WORK TO BE ADDED TO OR DELETED FROM SCOPE OF SERVICES:

Original Contract Amount:		\$
Previous Increases/Decreases in Contact Amount:		\$
CURRENT CONTRACT AMOUNT:		\$
This Increase/Decrease in Contract Amount:		\$
REVISED CONTRACT AMOUNT:		\$

CONTRACTOR:



Signature

Date

Print Full Name / Title (if not in individual capacity)

CITY:

Signature

Date

Print Name / Title

City Department Use Only Below This Line (PM, POC, etc.).

Account Number(s):	Amount	Date
#	\$	
#	\$	
#	\$	