Professional's Stamp (If Appropriate):

SYNTHETIC TURF INSTALLATION CERTIFICATE OF COMPLETION

I hereby certify that: 1. I am a professional appropriately licensed in the State of California to install synthetic turf for: (Company Name) (Mailing Address and Telephone Number) 2. The synthetic turf installation project for the property located at: was installed by me or under my supervision. (Project Address) OR 2. The synthetic turf installation project on my property was a total of_____ sq. ft. and was installed by me or under my supervision. 3. The synthetic turf installation for the identified property has been installed in substantial conformance with the approved Synthetic Turf Design Package and complies with the requirements of FMC Section 15.56.140- Synthetic Turf. 4. The information I have provided in this Synthetic Turf Installation Certificate of Completion is true and correct and is hereby submitted in compliance with the City of Fullerton Synthetic Turf ordinance (FMC Section 15.56.140) Print Name Signature Date License Number (if required) Address Telephone E-mail Address