

DATE

City of Alpharetta
ATTN: Fire Marshal's Office
2565 Old Milton Parkway
Alpharetta, GA 30009
Phone: 678-297-6272

RE: **Job Title/Location**
Job Address
Permit # if Applicable

Scope of Work Letter

Please accept this letter identifying and specifying the scope of work, conducted by [Company Name] at the above mentioned location:

- **All work completed, described in detail, and relevant code.**

All work conducted, was per [Cite Relevant Codes] and the City of Alpharetta requirements. Our State of Georgia certificate or license number issued to performed this work is [XXXXX], issued to {Name of Certificate/License Holder}. If a copy of this document is required, please notify our office and someone will have it forwarded to you.

If you have any questions or need any further assistance, please do not hesitate to call.

Sincerely,

Signature
Name (Cert/License Holder)
Title
Cert/Licenses #
Contact Number and Address