



City of Temple City

# CERTIFICATION OF INSTALLATION OF LANDSCAPE PLAN

Project Address: \_\_\_\_\_

I/we certify that based upon direct observation and inspection, the landscape planting and irrigation installation conform to the approved landscape plan.

## **Certification**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (*print or type*): \_\_\_\_\_ Phone: \_\_\_\_\_

Title \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail \_\_\_\_\_

License Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_