THE CITY OF BROCKTON

# INSPECTORS DAILY LOG

**NAME OF EMPLOYEE :** **DATE:**

**CITY DEPARTMENT :**

| LOCATION | TYPE/INSPECTION | REMARKS | ODOMETER | |
|---|---|---|---|---|
| List the address AND building name (if applicable.)EX. War Memorial Bldg - 156 W Elm St. | EX. Inspection | Ex. Customer complaint | Begin | End |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, and were incurred by me during work travel in the services of the City of Brockton.

I hereby certify under penalty of perjury that the date, locations, and type/inspection listed hereon were examined and are in conformity with the regulations. Payment is hereby authorized and is properly chargeable to the appropriate designated above.

Traveler Date Department Head Date