

**EXHIBIT 4**  
**AUTHORIZATION OF CHANGE IN SERVICE**

<b>CONTRACT NAME:</b>		<b>NUMBER:</b>	
<b>CONTRACTOR:</b>			
<b>ORIG. CONTRACT DATE:</b>		<b>RESOLUTION NO:</b>	
<b>CITY REPRESENTATIVE:</b>		<b>DEPT:</b>	
<b>DATE:</b>		<b>ACIS NO.:</b>	

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

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

**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
#	\$	
#	\$	
#	\$	