

EXHIBIT 4
AUTHORIZATION OF CHANGE IN SERVICE

| | | | |
|-----------------------------|--|-----------------------|--|
| CONTRACT NAME: | | NUMBER: | |
| CONTRACTOR: | | | |
| ORIG. CONTRACT DATE: | | RESOLUTION NO: | |
| CITY REPRESENTATIVE: | | DEPT: | |
| DATE: | | ACIS NO.: | |

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

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| | | |
|--|--|----|
| Original Contract Amount: | | \$ |
| Previous Increases/Decreases in Contact Amount: | | \$ |
| CURRENT CONTRACT AMOUNT: | | \$ |
| This Increase/Decrease in Contract Amount: | | \$ |
| REVISED CONTRACT AMOUNT: | | \$ |

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 |
|--------------------|--------|------|
| # | \$ | |
| # | \$ | |
| # | \$ | |