

Normal Lighting Hours (Line Items should match those on the first page)

Line Items:		Line Items:		Line Items:	
Day	Business Hours (24 hr clock)	Day	Business Hours (24 hr clock)	Day	Business Hours (24 hr clock)
Monday	from ___:___ to ___:___	Monday	from ___:___ to ___:___	Monday	from ___:___ to ___:___
Tuesday	from ___:___ to ___:___	Tuesday	from ___:___ to ___:___	Tuesday	from ___:___ to ___:___
Wednesday	from ___:___ to ___:___	Wednesday	from ___:___ to ___:___	Wednesday	from ___:___ to ___:___
Thursday	from ___:___ to ___:___	Thursday	from ___:___ to ___:___	Thursday	from ___:___ to ___:___
Friday	from ___:___ to ___:___	Friday	from ___:___ to ___:___	Friday	from ___:___ to ___:___
Saturday	from ___:___ to ___:___	Saturday	from ___:___ to ___:___	Saturday	from ___:___ to ___:___
Sunday	from ___:___ to ___:___	Sunday	from ___:___ to ___:___	Sunday	from ___:___ to ___:___

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Saturday	from ___:___ to ___:___	Saturday	from ___:___ to ___:___	Saturday	from ___:___ to ___:___
Sunday	from ___:___ to ___:___	Sunday	from ___:___ to ___:___	Sunday	from ___:___ to ___:___

Closed and Partial Holidays (circle whether the building is fully (F) or partially (P) closed during the holiday)

F P New Year's Eve	F P Saint Patrick's Day	F P Flag Day	F P Veteran's Day	F P Christmas Day
F P New Year's Day	F P Good Friday	F P Fourth of July	F P Thanksgiving	F P All 11 Federal Holidays
F P Martin Luther King Day	F P Easter Sunday	F P Labor Day	F P Thanksgiving Friday	F P Other:
F P President's Day	F P Memorial Day	F P Columbus Day	F P Christmas Eve	F P Other:

I certify to the best of my knowledge that the information presented above represents the normal operating hours of this facility.

Name:	Signature:
Title:	Date:
Organization:	Phone/Email: