

# Lights, Camera, No Action Pilot Program

## Sample Verification

### 1. Name and Contact Information

- **Name:** Sandy Shore
- **Address:** 5000 Park Avenue
- **City/Town:** Long Beach
- **ZIP/Postal Code:** 90814
- **Email:** SandyShore@email.com
- **Phone Number:** (562) 555-4312

2. Please submit a picture verifying that you installed the lights and/or camera at the location you identified.



3. Please submit a copy of the receipt showing the number of lights and/or cameras, and the cost to be reimbursed.

HARDWARE STORE

**SOLD TO** Sally Shore  
500 Park Avenue  
Long Beach, CA 90814

**DATE** 9/20/24

**RECEIPT #** 100

**ID NO.** ABC123

# SALES RECEIPT

CHECK NO.	PAYMENT METHOD	JOB
100	Credit	Security Lighting



QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
1	A23	Security Lights	\$84.00		\$84.00

<b>TOTAL DISCOUNT</b>	\$84.00
<b>SUBTOTAL</b>	\$84.00
<b>SALES TAX</b>	\$8.61
<b>TOTAL</b>	\$92.61

THANK YOU FOR YOUR BUSINESS!

**4. If there is any additional information that would help us review your application, please provide it below.**

- N/A