



**Damage Repair Specialists
Cleaning* Construction* Consulting**

CERTIFICATE OF SATISFACTION/COMPLETION

Circle One: PARTIAL

Circle One: STRUCTURE

FINAL

CONTENTS

Date: _____

I/We _____, the owner(s) of the property at the address indicated below, state that the
(Name of Property Owner)

_____ services provided by **All Disaster Services** has been completed to our
complete satisfaction.
(Description of Work, i.e. drywall, plumbing)

COMMENTS:

Customer Signature

Address

City, State and Zip Code

Phone

Received by: _____

All Disaster Services Representative

NOTE: Any omitted or defective items noted after this form is signed is covered by a separate Warranty issued by All Disaster Services upon receipt of final payment.