



Structural Wrap, LLC

CERTIFICATE OF COMPLETION & SATISFACTION

Job Name: _____

Job Address: _____

Claim No. _____ Completion Date: _____

I have had an opportunity to walk the job site located at the above address and inspect the work area. A representative from STRUCTURAL WRAP, LLC., has explained the work performed. I see no problems associated with the services performed by STRUCTURAL WRAP, LLC. All of my questions have been answered to my satisfaction and STRUCTURAL WRAP, LLC., scope of work has been completed to my entire satisfaction. However, I will promptly report any problems to STRUCTURAL WRAP, LLC., and give STRUCTURAL WRAP, LLC., a full and fair opportunity to address them.

I HAVE READ THIS CERTIFICATE AND AGREE THAT THE FOREGOING STATEMENTS ARE TRUE.

Owner/Agent (Circle One)
Must be at least 18 years old

Structural Wrap, LLC.

Print Name

Print Name

Date

Date