

**Ledgemere Country Condominium Association**

*c/o FirstService Residential  
3000 Davenport Avenue Suite 201  
Canton, MA 02021  
Phone 617-221-1000 Fax 617-479-8819*

**Window Replacement  
Final Inspection Form**

Upon the completion of the installation of your windows, this form must be returned to the Management Company indicating the date of completion.

Once received, an inspection will be conducted by a member of the Management or its employees to ensure that all guidelines and parameters relating to the installation of the windows set forth by the Association have been followed.

If there are no problems, your windows will be painted and this final inspection form will be signed and kept in your unit file.

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Unit Owner(s): \_\_\_\_\_

Unit Address: \_\_\_\_\_  
\_\_\_\_\_

Installation completed: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ready for paint:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Final Approval: \_\_\_\_\_

Date: \_\_\_\_\_