



CERTIFICATE OF COMPLETION AND SATISFACTION

Quality Mobile Home Repair, LLC

Contractor's License No. B1499

Property Owner or Authorized Agent: _____

Work Site Address: _____

Date work was completed: _____

Name of serviceman: _____

This will certify that all work has been completed by Quality Mobile Home Repair, LLC and meets the client's _____ (Please Initial) satisfaction.

Property Owner/ Renter/Agent (circle one)
(Must be at least 18 years old)

Quality Mobile Home Repair, LLC
Estimate or Invoice#

(Print name)

(Signature)

(Signature of office personnel)

Date: _____

Date of received: _____