



7000 Oak Hill Rd., Clarkston, MI 48348 Ph. 844-917-7663 License # 2102214476

# Customer Completion Form

Homeowner - \_\_\_\_\_ Company Name - \_\_\_\_\_

Address - \_\_\_\_\_ City, State, Zip - \_\_\_\_\_

Cell - \_\_\_\_\_ Home - \_\_\_\_\_ Work - \_\_\_\_\_ Email - \_\_\_\_\_

Insurer - \_\_\_\_\_ Claim # - \_\_\_\_\_ Deductible - \_\_\_\_\_

I am 100% satisfied with the work that Clarkston Roofing Professionals, LLC. has completed at my property. I authorize my insurance company and/or my mortgage company to release all funds due (if any) for this work completed.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Michigan

\_\_\_\_\_  
(Printed Name) Property Owner/Agent

\_\_\_\_\_  
(Signature) Property Owner/Agent