



1-844-900-CASTLE

CERTIFICATE OF COMPLETION

Date: _____

Claim #: _____

Representative/Insurance Co.: _____

Insured: _____

Property: _____

Field Supervisor: _____

This is to certify that the repair/replacement at the above mentioned property has been completed. Please release withheld depreciation, billed supplemental amount of \$ _____ and general contractor's customary overhead and profit.

Any questions, please contact above named field supervisor.

Thank you for your cooperation in the matter,

Customer

Date

Castle Rock Restoration Inc., Rep

Date

