Consumer Name:

Residental Street Address:

City:                 Zip:

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On this day      /     /     , I                                     confirm that I
 (**Date**) (**Consumer’s or Authorized Representative’s Name**)

      am satisfied OR       am not satisfied with the work completed by Contractor,

                                         at my home.

 (**Contractor’s Name**)

**My concerns are as follows:**

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Printed name of Consumer or Authorized Representative

Signature of Consumer or Authorized Representative