



2250 N Rock Rd, Ste 118 #413  
Wichita, KS 67226  
(833) 26-CROWN  
www.crownroofingict.com

**CUSTOMER SATISFACTION FORM -- CERTIFICATE OF COMPLETION**

Customer \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

Claim # \_\_\_\_\_

Project Manager \_\_\_\_\_

Our goal at Crown Roofing is to provide you with exceptional service. We want to know that we have completed work to your satisfaction. Please take this time to inspect your home with your project manager to ensure everything is complete per our contract.

X\_\_\_\_\_ (initial) YES, the work is completely finished. This authorizes our insurance company and /or mortgage company to release all funds for this work.

X\_\_\_\_\_ Yes, I am completely satisfied with the work & there is no apparent problem at this time.

X\_\_\_\_\_ No, but I will be when the items listed below are addressed:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

X \_\_\_\_\_

CUSTOMER

Date \_\_\_\_\_

X \_\_\_\_\_

CROWN ROOFING REPRESENTATIVE

Date \_\_\_\_\_

I hereby certify that all work has been completed in a workmanlike manner.