



Flood Medics Restoration

1020 Crews Road, Suite L

Matthews, NC 28105

Ph: 704-559-9969 / Fx: 704-973-0256

Certificate of Completion

Owner: <u>Cindy</u>
Address:
City, State, Zip: <u>Rock Hill, SC 29731</u>

This is to certify that Flood Medics Restoration has successfully completed the restoration contract between themselves and Cindy on this _____ day of January, 2014 to my entire satisfaction.

Our goal at Flood Medics Restoration is to provide unexcelled mitigation and restoration services to our customers. If we have completed the job for which you hired us, to your satisfaction, please sign and date below. Your feedback on the work we performed, as well as your feedback on our employees is very important to us. Therefore, we encourage you to share your comments or suggestions below.
Thank you for choosing Flood Medics Restoration.

Comments: I enjoyed meeting all the guys and they did an excellent job. I felt easy leaving them to work alone in the house.

All work is warranted for one full year commencing upon date of job completion and contingent upon full and final payment for services rendered.

Emergency Phase 1 Work Only:

Property Owner / Authorized Agent

Date

Phase 2 Restoration Work Only:

Property Owner / Authorized Agent

Date

Flood Medics Restoration:

Authorized Agent for Flood Medics Restoration

Date