



CERTIFICATE OF COMPLETION AND SATISFACTION

41 Greenkill Ave Kingston, NY 12401

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www.homemasterny.com

(845) 202-3481

PROPERTY INFORMATION

Property Owner:
Property Address:
City: State: Zip:
Phone: Home Mobile Email:

INSURANCE INFORMATION

Insurance Company: Deductible: \$
Adjuster Name: Office Number: Ext:
Mobile: Email:
Policy Number: Claim Number:

The undersigned, hereinafter referred to as Property Owner, hereby certifies that all emergency cleaning and/or restoration services provided by HOMEMASTER, LLC, hereinafter referred to as HOMEMASTER, at the above-mentioned property have been completed to his/her entire satisfaction.

These services were necessitated by a Water / Fire / Sewage / Other damage loss suffered on.

Property Owner hereby releases HOMEMASTER from any further liability related to services performed in conjunction with this loss.

Property Owner Signature

HOMEMASTER, LLC Representative Signature

I certify that I have read the above statements, I am authorized to sign this CERTIFICATE OF COMPLETION AND SATISFACTION, that the above statements are true and correct to the best of knowledge and belief and that my signature typed constitutes my signature.

Property Owner / Print Name

HOMEMASTER, LLC Representative / Print Name

Title

Title

Date

Date

Thank you for this opportunity to serve you. If you need to reach us or have any questions, please call us day or night at (845) 202-3481