

GRANITE DEPOT OF INDIANAPOLIS

1175 W 16th Street, Indianapolis, IN 46202

317 - 600 - 3119



INSTALL CHECK LIST

CUSTOMER NAME: _____ PHONE: _____

ADDRESS: _____

PLEASE INITIAL BELOW:

Customer:

- _____ 1. Is the material the correct color?
- _____ 2. Do the seams meet the customer satisfaction?
- _____ 3. Does the stove fit properly?
- _____ 4. Are the backspalshes placed correctly?
- _____ 5. Are the edge profile & corners are correct?
- _____ 6. Was the sealer applied?
- _____ 7. Was clean up completed to customer satisfaction?
- _____ 8. Were all the holes drilled (faucet, soap dispenser, etc)?

I, _____, hereby affirm that I viewed the above items, and they are all completed to my satisfaction. I accept the countertops installed by Granite Depot.

Customer signature: _____ Date: _____

Customer's comments: _____

Customer will have three (3) business days from installation to inspect and report to Granite Depot any damage that may have occurred during the transportation or installation process. After the inspection period has expired, a \$250 trip fee & cost of labor will be required for any requested repair work to granite countertops, unless covered by the warranty.

Installation team comments: _____