



CERTIFICATE OF COMPLETION AND RELEASE

License # 2750 055447

Claim # : _____

TO: CENVAR ROOFING
P.O. BOX 4414 Lynchburg
VA 24502

THIS IS TO CERTIFY THAT THE RESTORATION WORK PERFORMED BY CENVAR ROOFING HAS BEEN COMPLETED TO MY SATISFACTION. A COPY OF THIS AUTHORIZATION IS PROVIDED FOR THE INSURED, CENVAR ROOFING, AND THE INSURANCE COMPANY.

Homeowner Name: _____

Address: _____

Homeowner Signature:

Signature
Signature Date