

CUSTOMER'S CERTIFICATE OF COMPLETION AND SATISFACTION

Owner(s)(s): Oniesky Arias	Phone #: 239-247-1772
Address: 3213 8th St W,	Claim Number: 75810
City, State, Zip: Lehigh Acres, FL 33971	DOL: 06/22/2025
Email:	Insurance Co: Citizens (Manatee)

I have had an opportunity to walk the job site located at the above address and inspect the work area. A representative of Contractor has explained the work performed. I am aware of no unresolved problems associated with services performed by the Contractor.

All my questions have been answered to my satisfaction and Contractor's scope of work has been completed to my entire satisfaction.

I will promptly report any problems to Contractor in writing, and give Contractor a full and fair opportunity to address them.

I HAVE READ THIS CERTIFICATE AND AGREE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

"Customer(s)"	CONTRACTOR
07/18/2025	Whm
Signature. Check one: ✓ Customer; ☐ Customer's Agent	Signature
Oniesky Arias	
Print Name and Title	Print Name, and Job Title
This Certification is specifically for: X Water Damage Restoration Service Tarp Installation Tarp R&R for Inspection	(Dryout)
Mold Remediation/Sanitization	



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Water Damage Restoration Service (DX Tarp InstallationTarp R&R for Inspection	ryout)

Mold Remediation/Sanitization



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07/30/2025	Whm
Signature. Check one: Customer; Customer's Agent	Signature
Oniesky Arias	
Print Name and Title	Print Name, and Job Title
This Certification is specifically for:	
Water Damage Restoration ServiceTarp InstallationTarp R&R for Inspection	(Dryout)

Mold Remediation/Sanitization