



CERTIFICATION OF COMPLETION OF REPAIRS

CUSTOMER INFORMATION:			PROPERTY ADDRESS:		
Name:			Address:		
Address:			City:	State:	Zip:
City:	State:	Zip:	PE Claims Rep:		
Phone:		Cell:	PE REP Phone:		
Email:			PE REP Email:		

Claim Number:
Total Amount:

We hereby certify that all necessary repairs in connection with the damage sustained to the property located at.

PROPERTY:

Resulting from Storm Damage have been completed or are contracted to be completed.

Please release all remaining funds in regards to the above stated claim number.

If unforeseen supplements are required, notification will be sent promptly.

Thank you for choosing Professional Exteriors for your restoration needs. We appreciate your business!

APPROVAL OF COMPLETION		
PE NAME:	SIGNATURE:	DATE: