

CUSTOMER SATISFACTION



PAINTING • ROOFING

7 7 7 - 1

STATE LICENSE

This form is presented to you so that work has been completed. Please check the appropriate boxes.
The work completed is: Excellent

Type of work performed by ARM:

PAINTING

Did workers leave premises? If necessary, they were present.

ROOFING

WINDOWS

CARPENTRY

VINYL SIDING

GUTTERS AND/OR

DOWNSPOUTS

OTHERS (please list)

PLEASE CHECK IF WORK WAS DISPLAYED IN PROGRESS.

Comments and Suggestions: Leo

were always very
everyday + did

Customer Signature: _____

Date: April 1, 2000

Name: Chris + Jodi

Address: 5 Sunrise H

City: Orinda

Installer (if name known): _____