



Acknowledgment of Satisfactory Completion

Insured/Claimant: _____

Loss Address: _____

This is to certify that the restoration services provided by MasterDry, LLC at the above mentioned property have been completed to my/our satisfaction. These services were necessitated by a water/sewage loss suffered on _____.

Upon execution of this certificate and payment of all related invoices, MasterDry will guarantee our workmanship for a period of twelve (12) months from the date of completion which is _____.

Authorized Signature: _____

Print Name: _____

Date: _____

MasterDry, LLC

_____ Title: _____ Date: _____