



ServiceMaster of Muskoka and Parry Sound

Division of T & W Cleaning Services Ltd.

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COMPLETION CERTIFICATE

I, _____
name of insured

of _____
location

do hereby confirm that the cleaning and/or repairs by **ServiceMASTER® of Muskoka & Parry Sound** to my property and/or contents as a result of _____

has been completed to my satisfaction, and I hereby authorize _____
insuring company or adjusting company

to pay **ServiceMASTER® of Muskoka & Parry Sound** directly for their services.

Policyholder (#1) Name / Date

Policyholder (#1) Signature

Policyholder (#2) Name / Date

Policyholder (#2) Signature

Witness Name / Date

Witness Signature

Claim Number

ServiceMaster of Muskoka & Parry Sound File Number