ADAMS CONSTRUCTION

ROOFING | SIDING | GUTTERS

CERTIFICATE OF COMPLETION

Name: _____

Address: _____

City, State: _____ **Zip:** _____

I (We) Certify that all work performed by **ADAMS CONSTRUCTION** at the above address has been completed to my (our) satisfaction.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

INSURANCE COMPANY: _____

CLAIM NUMBER: _____

DEPRECIATION AMOUNT: $_____

I (We) Request the final insurance check, to be made payable to **Adams Construction** and sent to

Adams Construction
Accounts Receivable
1901 E 29th Street
Muncie, IN 47302

Corporate Office: 765-749-5486
Email: **office@frankadamsconstruction.com**

_____ _____

Adams Construction Management **Date**