



Water Damage Restoration & Mold Remediation Specialists

CERTIFICATE OF COMPLETION & SATISFACTION

* = Required fields

Insured/Claimant * _____
Loss Address * _____
Insurance Company * _____
Policy# * _____
Claim # * _____
Adjuster's Name * _____
Adjuster's Email * _____
Adjuster's Tel * _____ & Fax: * _____

This is to certify that the repairs made by CCM | Water Emergency Technologies at the above mentioned property have been completed to our entire satisfaction. These services were required due to (Check one) Water damage loss () Sewage damage () Mold damage, Smoke damage () suffered on ____/____/20____
Month Day Year

PRINT NAME: _____ SIGNATURE: _____
(Insured/Claimant or Acting Agent) (Insured/Claimant or Acting Agent)

Company Official: _____ Date: ____/____/20____
Month Day Year

We are a licensed Home Improvement Contractor, fully insured for Worker's Compensation and Liability Insurance

Cost of material and labor subject to NJ State Sales Tax of 7%

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