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CERTIFICATE OF COMPLETION
Content Packout Services

FIRST NAME	LAST NAME		DATE
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		

The undersigned has reviewed all of the content packout services performed by Five Star Complete Restoration, Inc. The undersigned certifies that all work performed in accordance with this signed work authorization have been completed to the undersigned's satisfaction.

The undersigned specifically authorizes all funds or proceeds from any policies or resulting coverage from any insurance company or contributing party other than an insurance provider (i.e. self-pay scenario) to make and deliver all payments for loss solely and directly to Five Star Complete Restoration Inc.

The completion date for this loss is _____

 CUSTOMER'S SIGNATURE

 DATE

 FIVE STAR COMPLETE RESTORATION INC. REPRESENTATIVE'S SIGNATURE

 DATE