



REPAIR COMPLETION CERTIFICATE

Asset # _____

PROPERTY ADDRESS			
Property Address:			Unit #
City:	County:	State:	Zip Code:

In accordance with the Repair Authorization Letter dated _____, I certify that I have personally inspected the repairs authorized and all work has been completed in a satisfactory manner.

Completion Date: _____

Inspection Date: _____

Name of Contractor/Company: _____

Broker Name: _____

Broker Signature: _____

Date: _____