



MAXgreen JOB COMPLETION FORM

Customer Name: Bridget Howey
Address: 2316 Palisade Dr SW
Phone #: 403 660 1430
Charity of Choice: AARC

Project Completion Date: _____
Project Consultant: _____
Lead Installer: _____

Any outstanding issues to rectify? _____

Please rate the following on a scale of 1 (poor) to 10 (excellent), or N/A if not applicable:

Punctuality of the Consultant	<input type="text" value="10"/>	Friendliness of the Installers	<input type="text" value="10"/>
Responsiveness to Your Questions	<input type="text" value="10"/>	Cleanliness of the Installers	<input type="text" value="10"/>
Overall Experience with the Consultant	<input type="text" value="10"/>	Overall Installation Quality	<input type="text" value="10"/>
Overall Quality of the Windows/Doors	<input type="text" value="10"/>	Overall Experience with Installers	<input type="text" value="10"/>
Punctuality of the Installers	<input type="text" value="10"/>	Overall Satisfaction with MAXgreen	<input type="text" value="10"/>

Would you recommend MAXgreen to your friends and family? Yes / No
May we share your comments / feedback with other potential customers? Yes / No
May we use your name and phone number as a reference for other customers? Yes / No
If no, may we use only your name and comments for testimonials? Yes / No / N/A

Comments / Feedback. If we didn't earn perfect 10s, what could we have done better?

(please use back of page if more room is required).

Lead Installer:
W. Nickel
(Signature)
Wes Nickel
(Print Name)

Homeowner:
[Signature]
(Signature)
Bridget Howey
(Print Name)