



**MAXgreen JOB COMPLETION FORM**

Customer Name: Dawn Lowther  
 Address: 60 Tuscany way N.W  
 Phone #: 403 247-4464  
 Charity of Choice: \_\_\_\_\_

Project Completion Date: June 13/14  
 Project Consultant: Garry Kornelsen  
 Lead Installer: Alan Ma

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 Alan & Marcel were fantastic. Very professional, courteous and I give them and maxgreen my sincerest thanks.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Lead Installer:  
 \_\_\_\_\_  
 (Signature)  
Alan Ma  
 \_\_\_\_\_  
 (Print Name)

Homeowner:  
 \_\_\_\_\_  
 (Signature)  
Dawn Lowther  
 \_\_\_\_\_  
 (Print Name)