

Texas Home Modification Services, LLC

Phone: (512) 894-2058 Fax: (888) 742-5056 admin@thms-texas.com

Certificate of Completion

This document certifies the completion of work as specified below for improvements provided by or on behalf of Texas Home Modification Services, LLC.

Premises Address: (Where work was completed)	
	s listed below were satisfactorily provided and/or installed, for (Please provide photos and a brief description of work completed.)
Date of satisfactory completion certifica	ation:
I was informed of the following pre-exist modifications were completed: (Please describe and provide photos if possible)	cting conditions and/or non-repaired items in the areas where Check here if this section does not apply
	Certified by:
(Printed name of Homeowner or Tenant)	(Signature of Homeowner or Tenant)
(Printed name of Landlord or representative)	(Signature of Landlord or Representative)
(Printed name of THMS Renresentative or Subcon	ntractor) (Signature or THMS Representative or Subcontractor)