FORM 7 - JOB COMPLETION REPORT

Job Site/Name	Job #
Start Date (dd/mm/yy)	End Date (ddmm/yy)
my/our Commercial Master Agreem responsible for the quality of the woll/we will go back and fix the problem responsible to comply with the tax relawed the certify that the above work was	tor(s) of Power Vac Ontario/National Duct per ent. As such, I/We am/are self-employed and rk. Should there be any complaint from the client, n at my/our own cost. I/we am/are solely equirements of federal and provincial governments. is performed according to industry standards and is. I/We hereby demand to be paid per Clause F of
Name:	Name:
Signature: HST# if applicable	Signature: HST# if applicable
Name:	Name:
Signature: HST# if applicable	Signature: HST# if applicable
Name:	Name:
Signature: HST# if applicable	Signature: HST# if applicable
Office Use	
Contract Value	Manager Signature