



PROCESSING CENTER:
198 LOCUST ST. SOUTH
TWIN FALLS, ID 83301
(208)-733-4221
(208)-733-4308 FAX – TWIN FALLS

JOB COMPLETION AND ACCEPTANCE FORM

PROJECT NAME AND LOCATION: _____

PROJECT OWNER / MANAGER / SUPERVISOR: _____

INSTALLER AGENCY NAME, ADDRESS, PHONE NO.: _____

EQUIPMENT TYPE INSTALLED: _____

INSTALL / START UP DATE: _____

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED INSTALL:

AUTHORIZED PROJECT REPRESENTATIVE

TITLE / POSITION

INSTALL AGENCY INVOICES WILL NOT BE PROCESSED AND PAID WITHOUT THE COMPLETION OF THIS FORM.

INSTALLER SIGNATURE

DATE