



# PAUL TURNER PLUMBING

Licence No. 31748

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## JOB COMPLETION FORM

DATE: \_\_\_\_\_ REF No. \_\_\_\_\_

CUSTOMER'S TRADE NAME: \_\_\_\_\_

CUSTOMER'S FULL or LEGAL NAME: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### DETAILS OF WORK COMPLETED

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### NOTES (If any)

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**I/WE ACKNOWLEDGE THAT THE WORKS NOTED ABOVE HAVE BEEN COMPLETED TO MY/OUR SATISFACTION.**

SIGNED (CONTRACTOR): \_\_\_\_\_ SIGNED (CUSTOMER): \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_