Zion Restoration U.S.

7699 Kensington Ct. Office (810) 494-0900
Brighton, MI 48116 Fax (810) 494-0901

a ProWorks, Inc. Company
Michigan License # 2102-195891

Satisfaction of Completion and Authorization to Pay Direct

Customer:
Address:
Claim Number:
Date of Loss:

I, the undersigned, represent that I am satisfied with the Scope of Work performed by Zion Restoration U.S. and hereby certify that all work related to the storm damage (claim #0312590896) has been completed per contract/insurance agreement. Please release all funds including depreciation as all work has been completed within the deadline per stated storm issues. I also authorize the loss draft check to be sent to Zion Restoration U.S. at the above referenced address.

Address of the premises affected is commonly known as:

_____ ("Real Property")
Address City/State Zip Code

Date:_____ Customer Signature:_____

_____ Customer Signature:_____
Zion Restoration US, *dba for ProWorks Inc.*

Client Survey

We are always striving to improve our level of quality and customer service and value your input. Please answer the questions below and feel free to add any suggestions you may have. Thank you for your help.

On a scale of 1 to 5 - where 5 represents "Very Satisfied" and 1 represents "Very Dissatisfied," please answer the following questions on how you rate your level of satisfaction with Zion Restoration?

1= Very Dissatisfied 5= Very Satisfied

	1	2	3	4	5
How would you rate our courtesy and professionalism?	☐	☐	☐	☐	☐
How well did we communicate during the course of our work?	☐	☐	☐	☐	☐
How would you rate the quality of our workmanship?	☐	☐	☐	☐	☐
How well did we meet your overall expectations?	☐	☐	☐	☐	☐
How likely are you to recommend Zion to a friend or relative?	☐	☐	☐	☐	☐

Please provide any suggestions;

_____

_____

May we share your survey with your insurance representatives and our employees? Yes ____ No _____

Signature: _____ **Date:** _____

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