



SERVICE FORM

Please allow this letter to be signed certification that the insured customer is satisfied with work done, and allows insured to return within 30 days of final delivery any item with defects not related directly to the fire. Attempts to correct any item returned would be at no cost to the insured.

Sincerely,
Eric J. Pooler

Customer Signature _____

Date _____

200 WILSON STREET – BOX 757 – BREWER, MAINE 04412 – (207) 989-5170
UNIVERSITY MALL, ORONO, MAINE 04473 (207) 827-3349
ELLSWORTH TRIANGLE, ELLSWORTH, MAINE 04645 (207) 667-3551
520 MAIN STREET, BUCKSPORT, MAINE 04416 (207) 469-6804
226 UNION STREET, BANGOR, MAINE 04401 (207) 942-8400
BREWER SHOPPING CENTER, BREWER, MAINE 04412 (207) 989-8680
506 STILLWATER AVE. OLD TOWN, MAINE 04468 (207) 827-6876
CORNER OF MAIN & DEPOT, LINCOLN, MAINE 04457 (207) 794-2228