



Works Completed Release Form

TRADESMEN _____

INSURANCE COMPANY / ADJUSTER _____

CLIENT REF _____

FSA JOB REF _____

DESCRIPTION OF WORKS _____

INSURED/S _____

SITE ADDRESS _____

COMMENTS

I confirm that insurance reinstatement works carried out to the above listed property have been completed to my satisfaction, and hereby authorise for payment to be released to **Flooring Services Australia Pty Ltd.**

SIGNED _____

DATE ___/___/___

