

ABERDEEN BLIND COMPANY

JOB COMPLETION SHEET

**CUSTOMER:** ABERDEEN City Council  
**ORDER No:** ABC 435

**PRODUCT:**  
TO FIT 1x VERTICAL  
BLIND

**CARRIED OUT BY:** STEVEN  
**DATE:** 18/3/26

I CAN CONFIRM THAT THE ABOVE WORK HAS BEEN CARRIED OUT TO MY SATISFACTION,

**NAME:** MARGARET GARDEN

**SIGNATURE:** M. Garden

**POSITION:**

**DATE:**

**WORK OUTSTANDING YES / NO**  
**DETAILS:**

ABERDEEN BLIND COMPANY  
32 ESSELMONT AVE  
ABERDEEN  
AB25 1SP  
01224 637609

