

Aberdeen Blind Company

Customer Satisfaction & Completion Form

32 Esslemont Avenue, Aberdeen AB25 1SP | Tel: 01224 637609

Customer Details

Customer Surname: _____

Ticket Number: _____

Installation Checklist

- Child safety devices shown and explained
- Customer shown how to operate the blinds

Installer Details

Work Carried Out By: *AMO* Date: *22/04/26*

Additional Information

Works Outstanding: Yes No Fault Report Attached: Yes No

Work Completion Confirmation

I confirm that the work carried out has been completed to my satisfaction.

Name: *R. J. G. B. B. B.*

Signature: *R. J. G. B. B. B.*

Date: _____

Thank you for choosing Aberdeen Blind Company.