

**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:           23/04/26          

**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:           Mary Machedo          

Signature:           M. Machedo          

Date:           23/4/26          

Thank you for choosing Aberdeen Blind Company.