

**Cruickshank Blinds**  
Customer Satisfaction & Completion Form  
Tel: 01358 721368

**Customer Details**

Customer Surname: Grierson  
Ticket Number: 0646.

**Installation Checklist**

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

**Installer Details**

Work Carried Out By: MICHAEL Date: 14/04/26

**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: M GRIERSON

Signature: Michael Grierson

Date: 14/04/26.

Thank you for choosing Cruickshank Blinds.