

**Grampian Blinds**  
Customer Satisfaction & Completion Form  
Tel: 01224 662884

**Customer Details**

Customer Surname: Keir

Ticket Number: 27202

**Installation Checklist**

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

**Installer Details**

Work Carried Out By: MICHAEL Date: 20/04/26

**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: SKen

Signature: \_\_\_\_\_

Date: 20/04/26

Thank you for choosing Grampian Blinds