

FRENCH DRAIN CERTIFICATION FORM

Date: _____

Installation Decal #: _____

Customer Name: _____

Manufacturer: _____

Property Address: _____

Model: _____

City: _____

Size: _____

HUD Number(s): _____

Retailer: ☐ _____

License #: _____

_____	_____	_____	_____
Mailing Address	City	State	ZIP

_____	_____	_____
Telephone Number	Fax Number	Email Address

Installer: ☐ _____

License #: _____

_____	_____	_____	_____
Mailing Address	City	State	ZIP

_____	_____	_____
Telephone Number	Fax Number	Email Address

FRENCH DRAIN SPECIFICATIONS:

Distance from edge of home: _____

Depth of trench: _____

Width of trench: _____

Material Used: ☐ Membrane (Plastic)

☐ Gravel

☐ Perforated Pipe

I certify the above information is true and correct.

(Print Name)

(Signature)

(Attach this form to your weekly report.)