

**ZINZ CONSTRUCTION AND RESTORATION, INC.**  
**6495 MAHONING AVE**  
**AUSTINTOWN, OH 44515**  
**330-332-7939**  
**330-332-9079 FAX**  
**EIN: 33-1013994**



PLAN • BUILD • REMODEL • RECONSTRUCT

Date: \_\_\_ / \_\_\_ / \_\_\_

Customer Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certificate of Completion

I have reviewed all of the work performed by Zinz Construction and Restoration, Inc. and certify that all work and materials supplied by Zinz Construction and Restoration, Inc. in accordance with the signed Work Authorizations have been completed to my satisfaction.

Further, I authorize payment be made directly Zinz Construction and Restoration, Inc. for all work completed.

Signed this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Home Owner Printed Signature

\_\_\_\_\_  
Zinz Construction and Restoration, Inc. Representative

\_\_\_\_\_  
Home Owner Printed Name

\_\_\_\_\_  
Company Representative Printed Name