



**DKI**  
MEMBER COMPANY

***CERTIFICATE OF SATISFACTION***

The loss mitigation, restoring, cleaning and or repair for that part of the claim completed by Clean Sweep Restoration Services of New England, LLC which this claim is made has been restored and/or repaired to my/our satisfaction, and I/we hereby release and discharge:

\_\_\_\_\_  
Insurance Company Name

**FOR THAT PART OF THE CLAIM COMPLETED BY CLEAN SWEEP RESTORATION SERVICES OF NEW ENGLAND LLC**

Which occurred on or about \_\_\_\_\_ and authorize payment of the cost of such loss mitigation, restoration cleaning and or repair to CLEAN SWEEP RESTORATION SERVICES OF NEW ENGLAND, LLC whose receipt for the same shall be a complete acquittance for this part of the loss.

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Job Number: \_\_\_\_\_

Please Select: Structure: \_\_\_\_\_ Other \_\_\_\_\_

Branch Offices:  
Westport, CT  
Springfield, MA

Clean Sweep Restoration Services of New England  
63 North Plains Industrial Road  
Wallingford, CT 06492  
1-800-952-0556 • Fax 203-949-0267  
www.cleansweepne.com

License #:  
CT: 553468  
MA: 164233