

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
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Telephone Number	Fax Number	Email Address	
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Installer: _____

License #: _____

Mailing Address	City	State	ZIP
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Telephone Number	Fax Number	Email Address	
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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.)