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|----------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|----|
| <input type="checkbox"/> CASH<br><input type="checkbox"/> CHECK                                                                  | RECEIVED BY<br><br> | You                                                                                    | TOTAL                        | 1680                        | 85 |
| Work Completed by: <i>[Signature]</i>                                                                                            | Date: <i>8/3/20</i> | ANY UNUSED GAS PIPING OUTLETS INDOORS?                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |
| Customer Signature: <i>[Signature]</i>                                                                                           | Date: <i>8/3/20</i> | IF YES, IS EACH UNUSED GAS PIPING OUTLET FITTED WITH A GAS TIGHT THREADED PLUG OR CAP? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |
| I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY |                     | CUSTOMER AVAILABLE                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |
|                                                                                                                                  |                     | CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |