



QUALITY
INTEGRITY
INNOVATION

Roofing and Construction Specialists

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I/We certify and approve that all work performed by NTBS, Inc. at the above property has been completed to my/our satisfaction.

Signature: _____

Date: _____

Signature: _____

Date: _____

Adjuster Name: _____

Insurance Company: _____

Claim Number: _____

Total Claim Amount: _____

Claim Amount _____

Less First Ins. Draft _____

Depreciation Amt. _____

Supplements _____

O&P invoiced for _____

Permit Fee _____

Total Amount
to Release _____

Signature: _____

Date: _____

Signature: _____

Date: _____

FINAL INVOICE TO RELEASE DEPRECIATION

2309 Riddle Road, Austin, TX 78748

Dallas: (817) 438-2011 Austin: (512) 444-6827 Fax: (512) 833-8970

www.ntbsinc.com