



SOLAR CONTRACT CARPET

FURNITURE MOVE RELEASE

Property Name: _____

Building #/Unit #: _____

Work Order/Confirmation #: _____ Install Date: _____

I, _____ have inspected all items moved by the flooring
(Printed Name of Authorized Representative)

company Installers and hereby acknowledge that all items are free and clear from any damage.

Signature of Authorized Representative

Date

This form must be signed and returned by fax prior to installation.

FAX NUMBERS

Solar Detroit (313) 937-1823
Solar Grand Rapids (616) 228-9160
Solar Las Vegas (702) 798-1982