Client Information

Name: _____ Insurance Name: _____

Address: _____ Claim Number: _____

Contact: *(Phone):* _____ Date: _____

(Email): _____

Construction and Repair			
ID#	**Description of Construction Stage**	**Quantity**	**Unit**
8	AERIAL REFIT: Remove And Refit Aerial/Antenna (Including Reconnection).	1	each
6	AERIAL REFIT: Remove And Refit Aerial/Antenna (Including Reconnection).	1	each
7			
1001			
6			
6			
7			
4			
5			
5			
6			
1001			
1001			
6			
1001			
1001			
1001			

Construction and Repair			
ID#	**Description of Construction Stage**	**Quantity**	**Unit**