



## Housing Improvement Client Satisfaction Form

**VENDOR NAME:**

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**WORK PERFORMED:**

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(Attach Invoice)

I hereby certify that the work was completed to my satisfaction.  
By signing below, I authorize payment to be processed by the  
Area Agency on Aging of Pasco-Pinellas, Inc.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_