



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT

Work Completion Form

Applicant/Assignor's Name: _____

Community Name: _____

Date: _____

I, _____ (applicant's name) confirm that my home has been moved and installation is complete. All work done on my home by the assignee or its contractor has been completed in a satisfactory manner. I give my consent for final payment to be disbursed in accordance with my assignment contract with _____ (assignee's name), dated _____, which is attached to this document.

Signature of Applicant

Signature of Contractor