



# Gutter Grip® Compliance Certificate

Name Owner/Client .....

Address of Project .....

Street .....

Suburb ..... State ..... Postcode .....

Eaves Gutter Installation Details (Scope of Work)

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I Certify That the Above Guttering Was Installed with Gutter Grip® System in Accordance with "The Gutter Grip® Installation Instructions".

Contractor Details .....

Name .....

Licence Number .....

Contractor Address

Street .....

Suburb ..... State ..... Postcode .....

Phone No .....

Email .....

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_