

VALLEY DEMO & RAINGUTTER

8996 Fruitridge Rd, Bldg 5, Sacramento, Ca 95826
Phone: (916) 455-1690 Fax: (916) 452-3571
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Requested Tear-Off Date

TEAR-OFF ORDER FORM

Contractor _____ Phone () _____

Job Location _____ Cross Street _____

City _____

Homeowner _____ Phone () _____

Contractor E-Mail Address _____ License # _____

Contractor Billing Address _____

Squares _____ Type of Roof _____ Layers _____ # of Stories _____

Roof Pitch 4/12 6/12 8/12 10/12 12/12 Other _____

Tear Off: House _____ Patio _____

Garage: Attached _____ Detached _____

Jacks: Save Tear Off

Gutters: Save Tear Off #of ft _____

Antenna: Save Tear Off

A/C on Roof: Yes (How Many?) _____ No

Dormer Vents: Save Tear Off

Turbines: Save Tear Off

Tear off Solar Panels? Yes No
(must be disconnected by Contractor or H/O)

Cathedral Ceiling: Yes No

Skylights: Yes No

ACCESS

Good Poor None
Low Trees Narrow Driveway
Ground Drop? Yes No
(ground drop is for 8/12 and above or poor access)
Outside Dogs? Yes No

Partial Tear Off: _____
(Contractor/Homeowner must be present)

Special Instructions: _____

Tarp Flowers, Etc. _____

DRAWING

Does material need to be carried up or down? This type of transition could result in a double handling charge of \$10.00/square extra YES _____ NO _____

THIS FORM SERVES AS OUR CONTRACT. PLEASE SIGN TO DESIGNATE THAT YOU UNDERSTAND AND AGREE TO ALL STIPULATIONS AS OUTLINED ON OUR ADDITIONAL TERMS & CONDITIONS, WHICH CAN BE VIEWED ON OUR WEBSITE; AND THAT ALL INFORMATION IS TRUE AND ACCURATE.

SIGNATURE _____

DATE _____