



Homeowner Name: _____
 Address: _____
 City, State: _____
 Best Contact: _____

SCOPE OF WORK

ROOF:	Manufacturer: _____	Type: _____	Color: _____
FLAT ROOF: (circle one)	ROLLED MOD BIT FOAM	Color: _____	Depth: _____
DRIP EDGE:	Color: _____	ICE & WATER: YES NO (CIRCLE ONE)	
ROOFING NOTES:	Metal: _____	Color: _____	Type: _____
Pipe jack: # _____	Elec. Pole: # _____	Gable vent # _____	
Turbine: # _____	Vents Box: # _____	Ridge vent: <u> </u> L. <u> </u> F. <u> </u>	

SIDING:	Manufacturer: _____	Profile: _____	Color: _____
SOFFIT / FASCIA:	Color: _____	Linear Ft: _____	
Shutters: # _____	Color: _____	Size: _____	Style: _____

GUTTERS:	Color: _____	Size (circle one)	5" 6"	Linear Ft: _____
DOWNSPOUTS:	Color: _____	Size (circle one)	2x3 3x4	Linear Ft: _____
w/guards: _____				

Windows:	Color: _____	R&R #: _____	Size: _____
		Reglaze #: _____	Size: _____
Doors:	Color: _____	Type: _____	Size: _____

Property Owner Signature

Castle Rock Restoration Rep

Printed Name

Castle Rock Restoration Management