

BASIC DATA YOU SHOULD KNOW
ABOUT EACH ROOF IN YOUR PORTFOLIO



Building Name: _____
Location: _____
Owner: _____
Contact: _____
Architect/Consultant: _____
General Contractor: _____
Roofing Contractor: _____
Roof Area (Sq. Ft.): _____
Date Installed: _____
Construction Type: _____

New: **Y / N**
Tear-Off: **Y / N**
Re-Cover: **Y / N**

Insulation: _____
Roof Deck: _____
Drainage: _____
Slope (Inches/Foot): _____
Warranty Number: _____
Manufacture: _____

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Manufacture: _____
Guarantee Length: _____ YEARS _____
Installation Date: _____

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NOTES: _____

