



Eagle Cornice Co., Inc

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Residential Request for Inspection

Date:

Your Name:

Address:

City & State:

Zip/Postal Code:

Please answer the following questions from the drop down lists below.

Existing Roof Type

House Type

Please complete the remainder of this form by selecting the answer that best fits. If you do not know an answer leave the field blank.

Has your Home been inspected in the past?

- YES
 NO

If yes, about how long ago?

Does your house have more than 1 roof on it? E.G. If you had your roof replaced in the past, did the contractor go over the roof that was there, or was the original roof removed before being replaced?

- Yes, I have more than 1 roof present.
 No, I do not have more than 1 roof present
 Not Sure

Does your roof leak?

Why are you requesting a roof inspection?

Please provide us with your contact information.

Phone Number

Cell Phone

Email

What is the best way to contact you?

Comments: Anything you think we may need to know or any special considerations.