



Eagle Cornice Co., Inc

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Commercial Request for Inspection

Date:

Your Name: **Business or Company Name**

Address:

City & State:

Zip/Postal Code:

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

Existing Roof Type Building 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 business been inspected in the past? YES NO

If yes, about how long ago?

Does your business 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?

What type of Substrate is the Current Roof System On?

How can we access your roof?

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.