

MONTROSS COMPANIES

ESTIMATE / PROPOSAL FAX FORM

E

This form is for bids/estimates/proposals ONLY, Not to be used as service order.

Fax: 949.855.8935

Date: _____ Taken By: _____ Given To: _____ Sales: _____ **Deadline:** _____

Requested by: _____

MGMT. CO. NAME: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

COMPLEX NAME: _____

Address: _____

Phone: _____ Fax: _____

Onsite Contact: _____ Appointment Needed? Y N

Site Map Available? Y N Provide Scope? Y N

Gated Community: Yes _____ No _____ **Gate Access Code:** _____

.....

TYPE OF BUILDING

- ___ Residential
- ___ Commercial
- ___ Industrial
- ___ Office
- ___ Apartment
- ___ Condominium
- ___ Other _____

TYPE OF ROOF

- ___ Build-Up
- ___ Comp Shingles
- ___ Wood Shake
- ___ Tile
- ___ Age
- ___ Decking
- ___ Other _____

ACCESS

- ___ Roof Hatch
- ___ 2-Story
- ___ 1-Story
- ___ Other _____
- ___ Ladder Size

****Optional**** Core cut requested @ \$325.00 (location determined by customer) Y N
(a crucial step in collecting data for an impending roofing project)

Authorizing Signature _____ **Date** _____

Comments/Special Instructions: *(repair locations, etc.)* _____

.....

Send proposal to: Mgmt Co. (address above) Complex (address above)

Referred by: _____