



LIC # 1026760

(408) 422-3629 BUS/CELL

SPECIALTYREMOVAL@GMAIL.COM

TEAR-OFF REQUEST FORM

Tear-off Date _____
 Company Name _____
 E-mail _____

Job Site Information

Street Address _____
 City _____

Type of Roof

- | | | |
|-----------------------|-------------------|------------------|
| Shake | Comp 3-Tab | Tile |
| Wood Shingles | Dimensional Comp | Cemwood |
| Heavy Shake | Presidential Comp | Hardi-Shake |
| Cap-Sheet | Tar & Gravel | Insulation Board |
| Other (specify) _____ | | |

Pitch

4/12 5/12 6/12 6.5/12 7/12 8/12 9/12 10/12

Number of Stories

Notes:

Number of Squares

Roof Layers: 1 2 3 4

Gutters: Stay Remove

Roof Metal: Stay Remove

Antenna(s): Stay Remove

Accessibility: Ground Drop Direct to Building

Recycle Ticket Required: No Yes

Name _____ Signature _____