



REQUEST FORM

Required Information:

Contact Name _____
Contact Phone _____ or Email _____

Service requested:

- Leak Service Comprehensive Survey Quote for Repair/Maintenance Quote for New/Re-Roof

FAX to our Main Office: **(626) 334-6296**

SCAN and EMAIL to: info@stoneroof.com

By the submission of this form the customer is under no obligation to contract with Stone Roofing Company, Inc. This request will be sent directly to our Sales and Service Departments and you will be contacted within 24 hours. If your request is a roof related emergency, please call (800)317-8663 for immediate assistance.

Optional Information:

Customer Information

Company Name _____
Street Address _____
City _____ Zip Code _____
Contact Name _____
Contact Phone _____
Fax _____
Email _____
Contact Preference Phone Fax Email
Best time to contact Morning Afternoon
Proposal/Price Deadline _____
Bid Date (if applicable) _____
 Contractor Owner Management Co.
 HOA Other _____

Building / Site Information

Name _____
Address _____
City _____ Zip Code _____
On site Contact Name _____
Contact Phone _____
Alternate Phone _____
Scheduling Preference _____
 Warehouse Office(s) Retail Government
 Restaurant Hospital School Residential
 Other _____
Please describe building/site and any problem areas:

