



LIMITED ROOF REPAIR PROGRAM

Property Homeowner Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

If Rental – Tenant’s Name: _____ Tenant’s Phone: _____

The Homeowner hereby represents as follows: The Homeowner owns and controls the property listed above and the Homeowner desires to contract for future repair services.

The Terms of this Roofing Repair Program shall be for three years from the effective date of this Agreement.

For the total amount of \$ _____ dollars, and once accepted by Secured Roofing and Restoration, Secured Roofing and Restoration agrees to provide the following services to the above referenced Homeowner at the above referenced property.

RECEIVE THE BELOW SERVICES INCLUDED FOR THREE YEARS

	Date Completed	Date Completed	Date Completed
■ UP TO THREE INDIVIDUAL TARPINGS	_____	_____	_____
■ REPLACEMENT OF ONE PIPE BOOT	_____	xxxxxxx	xxxxxxx
■ UP TO TWO ROOF INSPECTIONS PER YEAR	_____	_____	xxxxxxx
■ INITIAL ROOF EVALUATION	_____	xxxxxxx	xxxxxxx
■ REPLACEMENT OF UP TO THREE TABS	_____	_____	_____
■ FREE ESTIMATES FOR ROOF REPAIRS	_____	_____	_____
■ ONE ATTIC INSPECTION PER YEAR	_____	xxxxxxx	xxxxxxx
■ VIDEO ANALYSIS OF ROOF	_____	xxxxxxx	xxxxxxx

TOTAL AMOUNT DUE: \$ _____

PAYMENT: \$ _____

BALANCE DUE: \$ _____

Any balance not paid within 30 days will void this agreement and no balance will be due from customer

IN ORDER TO REQUEST REPAIRS, HOMEOWNER MUST CALL 855-259-9993

The above prices, specifications, conditions and Additional Terms are satisfactory and are hereby accepted.

By signing below, the Roofing Repair Program has been accepted and is in effect.

Homeowner Signature

Secured Roofing Signature

Date: _____

Date: _____