



Roof Technician: _____ Claim#: _____

Roof Order Form

Customer Name: _____

Property Address: _____

City, State, Zip: _____

Payment Status:

☐ Deposit has been collected.

☐ MRN will pick up funds when the material is dropped.

☐ Other: _____ (Initial) _____ (Date) _____ (Amount)

Authorized by: _____ Date _____

Conditions for Authorization _____

Roofing Work Contracted

New Roof: _____
Brand _____ Type of Shingle _____ Color _____

Tear Off (SQ): _____ Underlayment: _____

Components:

of Vents: _____ Type: _____ Work to be completed for vents:

Pipe boots: 3/1 _____ 4 _____

☐ Close In

Ridge vent (LF): _____

☐ Replace Roof Vents

☐ N/A

Roof Specs:

Predominate Pitch: _____

Valleys (LF): _____ Hip/Ridge (LF): _____

Eaves (LF): _____ Rakes (LF): _____

Number of Decking Sheets: _____

Drip Edge Color: _____

Roof Technician Signature _____

Please attach a copy of the Authorization form and the last page of the EagleView® to this form