



PRE-START CHECKLIST

CUSTOMER NAME: _____ HOME

PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ CELL

PHONE: _____

CONSULTANT: _____ WORK

PHONE: _____

1) Which side of the driveway would you like the materials to be delivered? LEFT RIGHT

2) Do you own anything of value in the attic area of your property that would need to be covered? Is there anything on shelves throughout your home that may fall due to vibration? It is the customer's responsibility to prevent valuables from falling, becoming dirty, dusty, or damaged. YES NO

3) Is the air conditioning unit attached in any way to the roof? UNSURE YES NO

4) If the need arises, may we utilize the outside water and electric services? YES NO

5) Are you aware of any areas of concern such as cathedral ceilings, sunrooms, porches, or soffit areas where nails may protrude through the covering? UNSURE YES NO

6) Customer acknowledges that Framing issues or pre-existing conditions are not the responsibility of the roofing company. YES NO

7) Customer acknowledges that the vibrations from the installation of a new roof can cause plaster or drywall damage beyond the roofing company's control. YES NO

8) Customer acknowledges that the roofing company will send a final bill to the insurance company within 48 hours of completion. The homeowner will be required to make appropriate phone calls to the insurance company in order to make sure that the depreciation and/or supplemental check, has been mailed. YES NO

9) Customer acknowledges that if leaks should occur at anytime during or after roof installation, the homeowner must contact the roofing company immediately, as this will limit further damages to your home. YES NO

10) Customer acknowledges that vehicles must be kept at a safe distance from the construction process in order to ensure that no damages occur? YES NO

11) In order for us to maintain efficiency, please list any Preferred and unavailable dates for work to be completed: Preferred Dates: _____ Unavailable
Dates: _____

12) Are there any special requests of instructions for your project? YES NO

If so, please

list: _____

13) Advertising and/or Referral Program Allowance: _____

CUSTOMER AGREES TO PAY IN FULL AT THE TIME OF SUBSTANTIAL COMPLETION OF THE PROJECT. ALL CHECKS MUST BE PAYABLE TO ECHO RESTORATION SERVICES.

Customer Signature: _____ Date: _____ Print
Name: _____

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Consultant: _____