



LIC # 1026760

FAX (408) 228-3737

SPECIALTYREMOVAL@GMAIL.COM

TEAR-OFF REQUEST FORM

Tear-off Date _____

Company Name _____

Fax # _____ E-mail _____

Job Site Information

Street Address _____

City _____

Type of Roof

Wood Shingles

Comp 3-Tab

Tile

Cap Sheet

Medium Shake

Dimensional Comp

Cemwood

Other (specify)

Heavy shake

Presidential Comp

Tar & Gravel

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 _____