

**RESIDENTIAL REROOF  
ESTIMATE REQUEST**

**DATE:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_  
(if different from above)

**Reroof Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

**Tenant Name/Number:** \_\_\_\_\_  
(if address is a rental)

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Existing Roof:**

- Flat/Hot Mop/Gravel
- Composition/Asphalt/Fiberglass Shingles
- Wood Shingles
- Wood Shakes
- Tile
- Other/Unsure \_\_\_\_\_

**Age of Existing Roof:** \_\_\_\_\_

**Other Info:**

- One Story
- Two Stories
- Open Beam Ceilings
- Existing Roof Leaks (If so, room/area of house:) \_\_\_\_\_

**Source:**

- Yellow Pages
- Referred (If so, by whom?) \_\_\_\_\_
- Google
- Other \_\_\_\_\_

---

---

---

Please complete form and fax to: (619) 297-4704

J.P. Witherow Roofing Co. • 10176 Riverford Road • Lakeside, CA 92040 • (619) 297-4701 • Mon-Fri • 8am-5pm