

VALLEY DEMO & RAINGUTTER

8996 Fruitridge Rd, Unit #5 Sacramento, Ca 95826

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Requested Installation Date

GUTTER ORDER FORM

CONTRACTOR _____ PHONE _____

JOB LOCATION _____ CITY _____

HOMEOWNER'S NAME _____ PHONE _____

CONTRACTOR'S E-MAIL _____

CONTRACTOR'S BILLING ADDRESS _____

VERY IMPORTANT

PLEASE DRAW A BRIEF SKETCH OF LAYOUT OF HOUSE AND MARK AREAS FOR GUTTERS AND DOWNSPOUTS
(If no drawing is included, gutters and downspouts will be installed in pre-existing locations or at installer's discretion)

GUTTERS

Please indicate footage Color _____

5" _____ ft

7" _____ ft

OGEE 5" _____ ft

Gutter Screen _____ ft

DOWNSPOUTS

Please indicate number of downspouts per story / color

Color _____

1st Story: number of downspouts _____

2nd Story: number of downspouts _____

3rd Story: number of downspouts _____

Type of Roof (existing or being installed) _____ Remove existing gutters? _____

Roof Pitch _____ Longest Run _____ Resheeting? _____

Bare _____ Tuck _____ Reuse Downspouts? _____ Power Available? _____ Dogs? _____

****One year leak warranty

****There will be a service charge for all service calls for clogged gutters or downspouts

PLEASE SIGN TO DESIGNATE THAT YOU UNDERSTAND AND AGREE WITH ALL STIPULATIONS AS OUTLINED ON OUR TERMS AND CONDITIONS , WHICH CAN BE VIEWED ON OUR WEBSITE [AND](#) THAT THE ROOF IS READY FOR GUTTER INSTALLATION.

Signature _____

Date _____