IN ORDER TO BETTER SERVE YOU, PLEASE FILL OUT AS MUCH INFORMATION AS POSSIBLE AND SIGN BELOW.

VALLEY GUTTER COMPANY
8996 FRUITRIDGE ROAD, UNIT 5, SACRAMENTO, CA 95826
916-455-1690 *** FAX 916-452-3571

CONTRACTOR: _____ LIC # (required) _____

PHONE: _____ INSTALL DATE: _____ T/BROS. MAP PAGE: _____

JOB ADDRESS: _____ X Street: _____

HOMEOWNER'S NAME: _____ PHONE: _____

HOMEOWNER'S ADDRESS (if different from job 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.)

GUTTERS

Please indicate footage & color in space provided.

Color: _____

5") _____Ft

7") _____Ft.

Ogee 5") _____ Ft.

Gutter Screen: _____Ft.

DOWNSPOUTS

Please indicate number of downspouts per story & color in space provided.

Color: _____

1st Story: number of downspouts: _____

2nd Story: number of downspouts: _____

3rd Story: number of downspouts: _____

TYPE OF ROOF (Existing or being installed): _____

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.*
**Gutter toppers may allow slight overshot of gutters with extreme downpours*

PLEASE SIGN TO DESIGNATE THAT YOU UNDERSTAND AND AGREE WITH ALL STIPULATIONS AS OUTLINED ON OUR PRICE SHEET AND THAT ROOF IS READY FOR GUTTER INSTALLATION.

*****Please make check payable to: Valley Gutter Company.**

_____ (Signature) _____ (Date)