



ROOF INSPECTION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Roof: _____ Redeck Reroof Other _____

Type of Shingles: 20 yr 25 yr 30 yr 40 yr Color: _____

Condition of Roof: Good Fair Poor Comments: _____

Approximate Age of Roof: 1-3 yr 4-6 yr 7-10 yr 11-15 yr 16-20 yr 20+ yr

Type of Ridge: Standard High Profile Comments: _____

Type of Damage Found: _____

Roof Pitch: _____ # Layers Tear Off: _____

Roof Vents: Turbines Ridge Dome Power Slant Backs Turtles

Pipes: 3"-5" versacap # _____ 5"-7" versacap # _____ 3 in 1's # _____ Lead # _____

Drip Edge: 1.5" 2" Color: _____

Chimney: _____

Skylights: _____

Siding: _____

Gutters: _____

Soffit/Fasia: _____

Screens: _____

Fence: _____

A/C Unit: _____

Driveway Condition: _____

Other: _____

Comments: _____

Frisco Roofing Representative _____ Date _____

PO Box 605 Frisco, TX 75034
(972)567-3362