

# PRP **proSeal**™

## Roof Survey Request

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Roof Information

<b>Roof Type</b>	<b>Problems:</b>	<b>Roof Size</b>
<input type="checkbox"/> Metal	<input type="checkbox"/> leaks	_____ ft2
<input type="checkbox"/> Built Up Roofing	<input type="checkbox"/> Aged	<input type="checkbox"/> height
<input type="checkbox"/> Modified Bitumen	<input type="checkbox"/> Heat Gain	<input type="checkbox"/> access
<input type="checkbox"/> EPDM	<input type="checkbox"/> Heat Loss	<input type="checkbox"/> ladder req'd
<input type="checkbox"/> TPO	<input type="checkbox"/> Deteriorated	
<input type="checkbox"/> PVC	<input type="checkbox"/> all above	

<b>Priority</b>	<b>Additional Assistance</b>
<input type="checkbox"/> Need Immediate Solution	Please provide me with
<input type="checkbox"/> Need Solution this Year	<input type="checkbox"/> roof survey
<input type="checkbox"/> Need Budget Number	<input type="checkbox"/> Budget / Estimate
<input type="checkbox"/> Survey Only	<input type="checkbox"/> Name of Authorized Applicators
<input type="checkbox"/> product information only	<input type="checkbox"/> Other

To schedule your **FREE** roof analysis,  
complete the above and return by mail or fax to:  
**1-800-416-8059 or 1-905-875-1589**



RPW Associates Inc PO Box 35 Stn Main Milton On L9T 2Y3  
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Email: [customerservices@prosealroofing.ca](mailto:customerservices@prosealroofing.ca) [www.prosealroofing.ca](http://www.prosealroofing.ca)