

Work Order Number	/ /	/ /	/ /
	AM PM	AM PM	AM PM



Work Request for

Window Calculations

Digitally Signed Copy Requested (\$10 Additional)
 Email to: _____

Emailed Digital report to client

Company Name: _____ Phone: _____ Test Date: _____
 Company Address: _____ City: _____ Zip Code: _____
 Jobsite Contact: _____ Phone: _____ P.O. Num: _____
 Email Address: _____ Gated? Yes No Gate Code: _____

Job Information

Project Name: _____ *Please attach builders sketch if available*
 Job Address: _____ City: _____ Zip Code: _____
 Roof Levels: _____ Stories: _____ Roof Area: _____ Squares: _____ Parapet: _____
 Roof Height: _____ Length: _____ Width: _____ Slope: _____
 Type of Roof Deck _____
 Component to be secured? _____
 NOA # _____ Page # _____ Option # _____

Please attach the product approval & limitations for the proposed roofing system that will be used. _____

DISCLAIMER

During the performance of the above-selected service, F.E.T. will be relying upon information provided by Client. Client acknowledges and agrees that F.E.T. shall not be responsible for any damages arising from the accuracy of the information provided to F.E.T. by Client. Please see our Terms and Conditions for more information.

TERMS AND CONDITIONS

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS LOCATED AT WWW.FED-ENG.COM/RTI WHICH ARE HEREBY EXPRESSLY INCORPORATED INTO THIS DOCUMENT BY REFERENCE AS IF FULLY SET FORTH HEREIN. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ THE TERMS AND CONDITIONS, OR HAVE BEEN GIVEN THE OPPORTUNITY TO VIEW SAME, AND INTEND TO BE BOUND THEREBY. Hard copies of F.E.T.'s Terms and Conditions are available upon request.

Please Sign

Print Name

Date

Please sign & return via email to roofing@fed-eng.com