



IMPERIAL ROOFING

Roofing Final Checklist

Attention: _____ Install Date: 3-25-19
Customer Name: Tyrome Lee Additional Notes: _____
Job Location: 5830 Crossing King Dr.
Charlotte NC 28212
Phone Number: _____

Final Inspection Checklist

- | | |
|--|--|
| <input checked="" type="checkbox"/> Grounds checked for nails | <input checked="" type="checkbox"/> Grounds checked for debris |
| <input checked="" type="checkbox"/> Soffit, Fascia, and Gutters free from damage | <input checked="" type="checkbox"/> Walls and windows tar and scratch free |
| <input checked="" type="checkbox"/> Ridge vent installed even | <input checked="" type="checkbox"/> Roof lines are straight |
| <input checked="" type="checkbox"/> Gutter blown out and clear | <u>NA</u> All metal installed properly |
| <input checked="" type="checkbox"/> Boot Collars installed properly and sealed | <u>NA</u> Dish installed properly |
| <input checked="" type="checkbox"/> Dumpster called for pickup | <u>NA</u> Interior satisfactory |
| | <input checked="" type="checkbox"/> ** Picture of Home and Roof ** |

The signature below serve as written acknowledgment from both the homeowner and IMPERIAL ROOFING that the roof installation on the above listed property has been 100% completed to the customers satisfaction.

Please let this form also serve as the homeowners authorization for the insurance company to release any depreciation and/or supplemental fund to the customer which will then be used as payment to IMPERIAL ROOFING for work already completed.

Tyrome Lee 3/27/19
Customer Signature Date
Tyrome Lee
Customer Name (Print) Date
Gilbert Milligan 3/27/19
Imperial Roofing Signature Date

Claim #: ICA 2187001H
Invoice: \$ 4,000⁰⁰