

Rapid Repair Roof Diagnostic Acceptance Form

Job:	Date:	May 26, 2016
Customer:	Contact:	
Job Address:	Unit #:	
Job City:	Phone #:	
Job Zip:	Phone 2#:	
Roof Type:	Scope:	
Description:		
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Diagnostic Steps

1) This form is completed and sent to Kelly Roofing.

2) Customer's credit card is charged the \$125.00 diagnostic fee.

3) An inspection is scheduled.

4) During the inspection an estimate is provided of what it would cost to fix the problem(s).

5) Customer accepts the estmate on a separate form.

6) Work commences and is completed.

7) Customer's card is charged for the work balance.

Diagnostic Fee Acceptance

Total:	sphostic inspection fee and understand n	o corrective actions will be taken:
Estimate Acceptance Signature	Print Name	Date

The inspection performed by Kelly Roofing, LLC d/b/a Kelly Roofing are based on Kelly Roofing's visual inspection and investigation of the area reported problem. Kelly Roofing will not perform infrared or nuclear scans, destructive testing or water testing prior to commencing work unless specifically requested, and paid for by customer. Unless otherwise agreed Kelly Roofing will only perform a visual inspection, and cannot guarantee that no additional problems will be discovered once repairs begin. For full contract terms visit www.KellyRoofing.com. NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY KELLY ROOFING IN CONNECTION WITH INSPECTION UNLESS OTHERWISE AGREED IN WRITING, UNLESS OTHERWISE AGREED, ALL SUCH WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE EXPRESSLY EXCLUDED AND DISCLAIMED. KELLY ROOFING SHALL NOT BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OR INJURIES INCLUDING ALLEGED DAMAGE TO THE BUILDING, OR ANY COMPONENTS OR CONTENTS THEREOF, MOLD, MILDEW, LOSS OF USE, RENTAL INCOME OR PERSONAL PROPERTY.

Inspection Performed	Replacement Estimate Requested	Repairs Accepted
Estimated Roof LifeYrs.	Other Issues Found, Not Fixed	Maintenance Requested

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