# 30 DAYS ROOF TARP REQUEST FORM

Date Submitted: *(must be prior to installation of tarp)*

Owner(s) Name: Property Address: Phone: E-Mail:

## Provide the following information:

1. Define the reason for this request with specific details.
2. Identify if your roof is adjoined with your neighbor’s roof.
3. Confirm that you have notified your neighbors that the roof needs repair or replacing.

Installation Date:

*Note: This request is only valid for 30 Days. If you need additional time you will need to fill out another request form. If you have a contractor that is going to re-roof or repair your roof, please fill this form along with the Architecture Modification form along with the proper documentation. The tarp shall only be placed on roofs and installed properly. No tarp shall be used to cover windows. It is the owner(s) responsibility to maintain the tarp in good condition.*

Print Applicant’s Name Applicant signature

# IMPORTANT INFORMATION

## WHEN FILLING OUT THE REQUEST SURVEY SHEET

* 1. All requests for Blue/Gray Tarp must be specifically indicated on this request survey form.
	2. Please indicate/draw on this survey where the tarp(s) are to be applied on your roof.

Note: Drawing not to scale and might not reflect your roof dimensions.