



Request for Tapered Quote
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Today's Date ___/___/___

Contractor: _____ Job Name: _____

City: _____ Bid Date: ___/___/___ or Date Needed: ___/___/___

Contractor Contact: _____ Phone: _____ Fax _____

Gulfeagle salesperson's **Name:** _____ **Branch:** _____

Roof Drawing:

Attached via: ___ Email ___ Available Online ___ Mailed Hard Copy ___ Faxed Hard Copy

Project Specifications (must be completed):

Tapered Material: ___ Perlite ___ Iso ___ EPS Other _____

Roof Slope: ___ 1/8" ___ 1/4" ___ 1/2" Other _____

Cricket Slope: ___ 1/8" ___ 1/4" ___ 1/2" Other _____

Fill: ___ Perlite/Iso ___ Perlite ___ Iso Other _____

If needed:

Minimum Thickness: _____ Maximum Thickness: _____

Base Layer: _____ Thickness: _____ Iso: _____ Perlite: _____

Overlay: _____ Thickness: _____ Perlite: _____ Woodfiber: _____

Average R-Value: _____ Minimum R-Value: _____

Notes:
