

**TLP QUOTE REQUEST FORM**

PLEASE FAX TO 1-866-659-9007

OR CALL 1-800-265-1235

DATE \_\_\_\_\_

JOB # \_\_\_\_\_

P.S.T. YES\_\_ NO\_\_

CUSTOMER \_\_\_\_\_

JOB NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DELIVERY DATE \_\_\_\_\_

ROOF PITCH \_\_\_\_\_ ROOF INSULATION \_\_\_\_\_ FACING \_\_\_\_\_

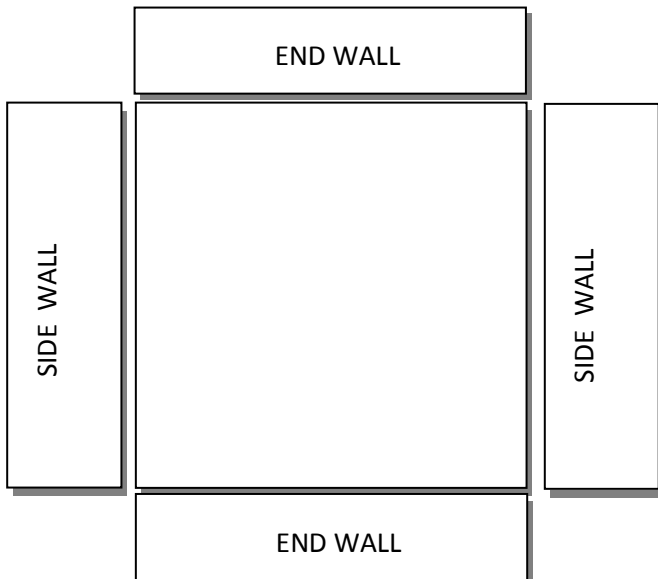
EVE HEIGHT \_\_\_\_\_ WALLS INSULATION \_\_\_\_\_ FACING \_\_\_\_\_

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ # FIRE WALLS \_\_\_\_\_

**TABS**

1-3 SST INSIDE \_\_\_\_\_ 1-6 SST INSIDE \_\_\_\_\_

2-3 REVERSE SST \_\_\_\_\_ 2-3 STAPLED TABS \_\_\_\_\_



# SIDEWALLS \_\_\_\_\_

# ENDWALLS \_\_\_\_\_

**NUMBERS AND SIZES OF OPENINGS**

SIDES \_\_\_\_\_

ENDS \_\_\_\_\_