



REQUEST FOR BID FORM

DATE OF REQUEST: _____ REQUESTED BY: _____

TIME: _____ PHONE: _____

BID DUE DATE: _____ FAX: _____

APPOINTMENT: _____ EMAIL: _____

CUSTOMER: _____

CUSTOMER ADDRESS: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT PHONE #: _____ CONTACT: _____

TYPE OF WORK REQUESTED:

REPAIRS _____ RESTORATION _____ REROOFING _____

EXISTING ROOF SYSTEM _____

OTHER: _____

DIRECTIONS OR COMMENTS: _____

RECEIVED BY: _____ FAX: _____ PH: _____ EMAIL: _____

RMS Orlando, Inc.

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