



# "FAX A LEAK"

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

To request Leak Service, please complete and return to  
**WESTERN PACIFIC ROOFING CORP. Our FAX number is 661/273-8839.**

Jobsite Information (Please Print)

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Roof Type: Rock \_\_\_\_ Cap Sheet \_\_\_\_ Tile \_\_\_\_ Shingle \_\_\_\_

Contact Person: \_\_\_\_\_ Your Company P.O.# \_\_\_\_\_

Authorized Signature (Required): \_\_\_\_\_

Need Service:  Today, if possible  Next Business Day,  Within 1 week

Name of person reporting leak: \_\_\_\_\_

Is this a new leak \_\_\_\_ Is this a repeat leak \_\_\_\_

Please describe the problem(s) and approximate location(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAXLEAK.FRM**

Revised 06/08/06

Notice to user: The more complete your information and description, the better we can serve you. Please give the name of the person to be contacted if different than the sender. Be sure to give an emergency number and/or after hours number if the situation requires us to contact you after hours or on a weekend.

Remember to report each leak separately on a single form. When using a roof plan and/or a floor plan map, show the location of the leak by placing the leak number at the point you estimate the leak to be entering.