



TOTIN SNOW GUARDS ORDER FORM

(PLEASE USE ONE ORDER FORM PER JOB)

NAME/COMPANY NAME: _____

CONTACT INDIVIDUAL: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE# _____

FAX# _____

JOB INFORMATION:

PROJECT NAME: _____

PROJECT STREET ADDRESS _____

CITY, STATE, ZIP: _____

ORDER INFORMATION:

DELIVERY/SHIPPING ADDRESS: _____

CITY, STATE, ZIP: _____

QUANTITY: _____ (ORDER 1.4 SNOW GUARDS PER LINEAR FOOT OF ROOF EAVE)

TYPE OF SNOW GUARD: EL__L__SP__ (CHECK ONE)

TYPE OF STRAP: CHECK ONE

TWO HOLE____ (FOR NEW SLATE, WOOD SHAKE, SHINGLES)

TILE HOOK____ (FOR NEW OR EXISTING TILE)

HOW MUCH DOES EACH ROW OF YOUR ROOFING MATERIAL OVERLAP THE
ROW BENEATH IT? _____ INCHES

WHAT IS THE THICKNESS OF YOUR ROOFING MATERIAL AT THE TOP EDGE OF
EACH PIECE? _____ INCHES

DATE: _____

SIGNATURE: _____

EMAIL TO: TOTIN@TOTIN.COM OR FAX TO: 740-363-4767