

REYNOLDS SEAMLESS GUTTER, INC.

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DATE OF ESTIMATE _____ ESTIMATOR _____

GUTTER & COVERAGE

MAP BOOK _____ LEAD FORM _____ TEL.(home) _____

NAME _____ TEL.(work) _____

ADDRESS _____

JOB NAME _____ TEL. _____

JOB ADDRESS _____

Appointment for: _____

Approximate Date of Installation: Week of _____

ESTIMATOR'S INSTRUCTIONS

House Color _____

Gutter Color _____ Pipe Color _____

Removal & Preparation _____

Gutter _____

Downspouts _____

Fascia Boards (will be replaced as
needed-you cannot tell if new fascia
is necessary until gutter is removed)

Total _____

TYPE OF INSTALLATION

Canadian Hanger SST Roof Hanger

Ladder Size Needed _____

NOTES

Line and Number indicate number of feet of Gutter and Where (33) Number and Circle indicate
number of feet of Pipe and Where (X) indicate to hook up to Existing Pipe and Where

Follow-up Call Made _____

Follow-up Letter Sent _____