



Cover-Up Request Form

January 2023

Customer Dates:

Requested Installation Date: _____

Estimated Completion Date: _____

Estimated Number of Days Needed: _____

Customer Details:

Owner's Name: _____ Phone #: _____ Email: _____

Contractor's Name: _____ Phone #: _____ Email: _____

Work Order (6-Digit): _____

Address for Cover-Up: _____

Cover-Up Details:

Work Type:

- Roof Work
- Chimney Maintenance/Installation
- Brick Work
- Window Cleaning

- Gutter Work
- Painting
- Carving Design
- Tree Trimming
- Cladding Installation
- Other: _____

Building Class:

- Residential
- Commercial

Work Location:

- Front of Property
- Rear of Property
- Right Side of Property
- Left Side of Property

Customer or Contractor Equipment/Tools (For Performing Work)

- Scissor Lift
- Articulating Boom Lift
- Telescopic Boom Lift
- Cherry Pickers
- Scaffold
- Crane
- Telescopic Forklifts
- Rough Terrain Forklifts/Heavy Duty Forklifts
- Other: _____

○ Dimensions of Scaffold: Length: _____ Width: _____ Height: _____

Length of Work Area Near Electric Lines (Estimated): _____ ft.