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
  - Dimensions of Scaffold: Length: _____ Width: _____ Height: _____
- ☐ Crane
- ☐ Telescopic Forklifts
- ☐ Rough Terrain Forklifts/Heavy Duty Forklifts
- ☐ Other: _____

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