

Company Name: _____

Your Name: _____

Phone #: _____

Address: _____

Purchase Order #: _____

Material Take Off List

Gutter Size: _____

Downspout Size: _____

Gutter Material: _____

Downspout Material: _____

Gutter Thickness: _____

Downspout Thickness: _____

Gutter Color: _____

Downspout Color: _____

Profile of Gutter: _____

Profile of Downspout: _____

Total Gutter Footage: _____

Total Downspout Footage: _____

Soffit: _____

Fascia: _____

Soffit Material: _____

Fascia Material: _____

Gutter Measurements (Feet and Inches) _____

Accessories Qty

Left Endcaps: _____

Elbows: _____

Soffit: _____

Right Endcaps: _____

Offsets: _____

Fascia: _____

Hangers: _____

Straps: _____

Splash Blocks: _____

Wedges: _____

Outlets: _____

J-Channel: _____

Gutter Screen: _____

Strainers: _____

F-Channel: _____

Shields: _____

Cleanouts: _____

Rivets: _____

Drain Adapters: _____

Leader Heads: _____

Soffit Vents: _____

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