

Restoration Works



Office: 256-712-5727

Fax: 256-766-7671

I, _____ select the below described materials to be installed on my home at the below stated address:

Address: _____

Phone # : _____

Wall Paint:

Brand: _____
Color: _____
Finish: _____

Plumbing Fixtures:

Brand: _____
Model #: _____
SKU #: _____

Trim Paint:

Brand: _____
Color: _____
Finish: _____

Wall/Floor tile:

Brand: _____
Color: _____
SKU #: _____
Grout color: _____

Roof:

Brand: _____
Type: _____
Color: _____

Siding:

Type: _____
Color: _____
Brand: _____

Flooring:

Type: _____
Brand: _____
Color: _____
Finish: _____

Flooring:

Type: _____
Brand: _____
Color: _____

Countertops:

Type: _____
Brand: _____
Color: _____

Gutters:

Size: _____
Color: _____

Lights:

Brand: _____
Model #: _____
Item #: _____

Shower Door:

Glass: _____
Trim color: _____

Customer Signature _____