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POWDER COATING COLOR SIGN-OFF

Project name- _____

Building Owner/s- _____

Address- _____

Contractor Name- _____

Phone- _____

Email- _____

Powder Color Chosen- _____

Powder Manufacturer- _____

By signing below, I acknowledge that this is the color I have chosen for my snow retention project and will, in no way hold Rocky Mountain Snow Guards Inc. responsible for variances in color from original roofing product.

SIGNED-

Building Owner Date

Contractor Date