



Masterpiece CONTRACTOR PROGRAM

**PERFORMANCE HAS
NEVER LOOKED SO GOOD.**

DaVinci Roofscapes – Project Profile Lead Sheet

Your Name: _____

Your Company: _____

Your E-Mail Address: _____

Your Phone Number: _____

We're looking for solid sources of DaVinci Roofscapes success stories. Copy and fill out a different form for each project. If you have questions, contact Kathy Ziprik at ZiprikPR@gmail.com or 828-890-8065. She is available to assist you.

Project:

_____ New Construction -or- _____ Replacement

_____ Residential -or- _____ Commercial

Name of Project: _____

Location of Project (city/state): _____

DaVinci Product Line Used: _____

DaVinci Colors or Color Blends Used: _____

Date project completed (or anticipated installation date): _____

Installer Company Name: _____

Installer Contact Name: _____

Homeowner Name: _____

Homeowner Phone AND Email: _____

*Please note that you will need to have the property owner complete a release form and submit with this form.

Explain the project and why you believe it's unique and newsworthy:

EMAIL FORM TO: ZiprikPR@gmail.com