



CeDUR™
3590 Himalaya Road
Aurora, CO, 80011
(844) 974-9196

CeDUR™
Completion of Work (COW)

Contractor Name: _____ Date: _____
Contractor Address: _____
City: _____ State: _____ Zip Code: _____
Project Manager: _____ Phone: _____
Distributor (Name/Location): _____

Property Owner Name: _____
Property Address: _____
City: _____ State: _____ Zip Code: _____

Lead Source: ___ Representative ___ Advertisement ___ Internal ___ Website
___ Internet ___ Other (Please List) _____

New Construction: Y/N Re-Roof: Y/N Addition: Y/N

Existing Roof Type (if applicable): _____ # of Stories: _____

Completion Date: _____ Color: _____

Number of Squares: _____ Exposure: _____ Staggered Butt: Y/N

Roof Deck Type: _____

*** Must Include ***

- 1 copy of the distributor invoice
At least 1 photo of the street view of property after installation

*** Please Sign ***

- I acknowledge I have received and reviewed the CeDUR installation instructions prior to installation.
I acknowledge all materials have been installed per CeDUR installation instructions.

Completed By: _____ Signature: _____

Submit to Info@CeDUR.com