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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