Rhoden ROOFING LLC

Your Name:_____

Your Phone Number:_____

Your E-mail Address:_____

Name of the person you are nominating:_____

Phone Number of the person you are nominating:_____

E-mail Address of the person you are nomination:_____

Address of the person you are nominating:_____

Please provide a detailed description of why you or who you are nominating are in need of a new roof. We read through many submissions so the more detailed, the better we can understand the situation:

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****The deadline for submissions is January 15, 2019. We will read through each letter and determine the recipient in March 2019. If you, or whomever you are nominating are chosen, we will contact you and inform you of the rest of the process.