



# Truss Repair Form

## Customer Information

Date \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone #:(\_\_\_\_\_) \_\_\_\_\_ Fax #:(\_\_\_\_\_) \_\_\_\_\_

Job Name: \_\_\_\_\_ Job Location: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Type of Truss

Roof Truss

Floor Truss

### Truss Material

Metal Plate Connected ( MPC) Wood

Wood Chords / Metal Tube Webs

Bolted Glulam or Solid Sawn

Finger Jointed ( OJ-2000)

Truss Manufacturer If Known: \_\_\_\_\_

Sketch Or Send The Truss Profiles And Type And Location of Damage:

When Completed You Can Fax This Form to 805-771-9673 Or Email to [designs@fixmytruss.com](mailto:designs@fixmytruss.com)