

Customer Information

Customer Name:

Tech Name:

Category of Water: 1 2 3

Room Dimensions

Room

Room Length (L):

Room Width (W):

Room Height (H):

Floor Type:

Room Dimensions

Offset

Room Length (L):

Room Width (W):

Room Height (H):

Floor Type:

Room Dimensions

Offset

Room Length (L):

Room Width (W):

Room Height (H):

Floor Type:

Equipment Placement

Dehumidifier Mode/Size:

Example: (____ / ____ EA) x ____ (____ Days)

x

Wall Drying (checkOne)
Injected Ducted

Example: (____ / ____ EA) x ____ (____ Days)

x

Other

Example: (____ EA) x (____ Days)

x

Air Mover (checkOne) Standard Axial Axial1HP

x

E-TES (Electric):

x

Air Scrubber (CheckOne) 500CFM 700 1399CFM 1400+ CFM

x

ReplacedsInternalFilter
Yes
No

