

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

