

The following information is required in order to determine which type of Air Conditioning / Heating system that the property currently has in place.

Property Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Contact: _____

Owner or Mangement Company Name: _____

Please provide the following dimensions

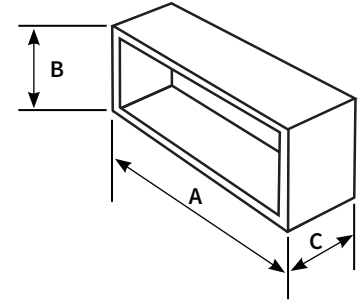
*Note: Measure outside edge to outside edge

Wall Sleeve

A=

B=

C=



Please provide the finished wall dimensions

What is the thickness of the wall _____

Does any of the sleeve sit outside? _____

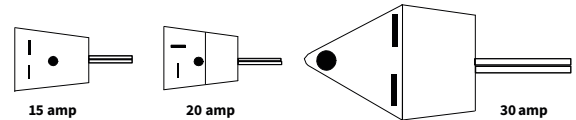
What brand name currently exists?	_____				
Model#	_____				
Btuh Capacity, Cool/Heat	_____		/		
Square Feet to be conditioned (Length x Width)	_____ Square Feet				
Voltage (check appropriate voltage)	115	230/208	277	√	
Amperage (check circuit breaker)	15	20	25	30	√
Heat Pump	Yes		No		√
A/C with electric heat strip	Yes		No		√

Age of Unit

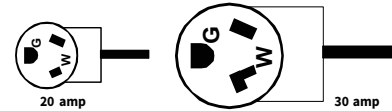
What type of wall construction exists?			
Frame	Masonry	Panel	Glass
_____	_____	_____	_____

Power Cord Plugs

250V Rating Power Cord Plugs with LCDI Device
NEMA 6 Configuration



277V Rating Power Cord Plugs
NEMA 7 Configuration



Please provide any additional information that may be needed:
