

CUSTOMER INFORMATION

Job Name: _____ **Address:** _____ **City:** _____ **State:** _____ **Phone:** _____
Store #: _____ **Employee Name:** _____ **Fax #:** _____ **Phone:** _____

HEAT LOSS CALCULATION INFORMATION

(please circle correct response)

NOTE: Information on rooms must be filled out completely. Do not leave any boxes blank.

Room Name	Height* (Feet)	Width (Feet)	Length (Feet)	Lineal Ft. Exposed Walls	Sq. Ft. of Glass	Area Heated Above	Area Heated Below	Number of Exposed Walls	Remarks/Comments/Additional Information/Entryway? (size)/ Skylights? (size)
#1						Y / N	Y / N	0 1 2 3	
#2						Y / N	Y / N	0 1 2 3	
#3						Y / N	Y / N	0 1 2 3	
#4						Y / N	Y / N	0 1 2 3	
#5						Y / N	Y / N	0 1 2 3	
#6						Y / N	Y / N	0 1 2 3	
#7						Y / N	Y / N	0 1 2 3	
#8						Y / N	Y / N	0 1 2 3	
#9						Y / N	Y / N	0 1 2 3	

*For Cathedral Ceilings, use the average height of the room.

Are the above rooms an addition to the existing house? Y / N **If yes, how much baseboard is in the existing house:** _____ Lin. Ft.

Exposed Wall Construction: _____ **Insulation Type:** Walls _____

Window Type: Single _____ Single w/storm _____ Double Glazed _____ Triple Glazed _____ Ceilings _____

Cellar: Rm. Number(s) _____ Footage Below Grade: _____ Ft. Footage Above Grade _____ Ft. **Slab Floor:** Rm. Number(s) _____

Type of Domestic Hot Water: _____ Tank-less Coil _____ Amtrol Boiler-Mate® _____ Separate Water Heater _____ Undecided, Please Suggest

Type of Fuel: _____ Fuel Oil _____ Natural Gas _____ Liquid Propane Gas (Bottled Gas)

Method of Venting: _____ Natural Draft (Chimney) _____ Power-Vent (Using a fan system to vent through a side wall)

Type of Heating System: _____ Forced Hot Water _____ Steam _____ Gravity Hot Water _____ Forced Hot Air (Air Flow = UP DOWN or HORIZONTAL)