

# Request for Plan and Quote.

Customer Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Ceiling Height: 2.4mtrs 2.7mtrs 3.0mtrs 3.3mtrs 3.6mtrs Other \_\_\_\_\_ (Please Circle)

Under Floor System \_\_\_\_\_ Overhead System \_\_\_\_\_ (Please Circle)

Nominate what system is required (Please Circle):

Gas Heating Reverse Cycle Gas Heating and Add On Refrigerated Split Ducted Evaporative

Please mark on drawings any areas of concern e.g. Cathedral Ceilings.

Please mark on drawings any voids if system is to be installed in double storey dwelling.

If unit is underfloor, please mark position on plan.

Please mark position of return air on plan.

If using refrigerated system, please nominate unit to be used along with transition sizes, supply air and return air.

Does the unit require a drip tray? YES / NO

Zoning required? Please nominate areas to be zoned:

Zone 1 \_\_\_\_\_ Zone 1 \_\_\_\_\_

