

INTELLI-HOOD SURVEY FORM

Customer: _____ **Date:** _____
Project: _____
Street: _____
City: _____
State: _____ **Zip:** _____

Customer Contact: _____
Phone: _____
Fax: _____
Email: _____

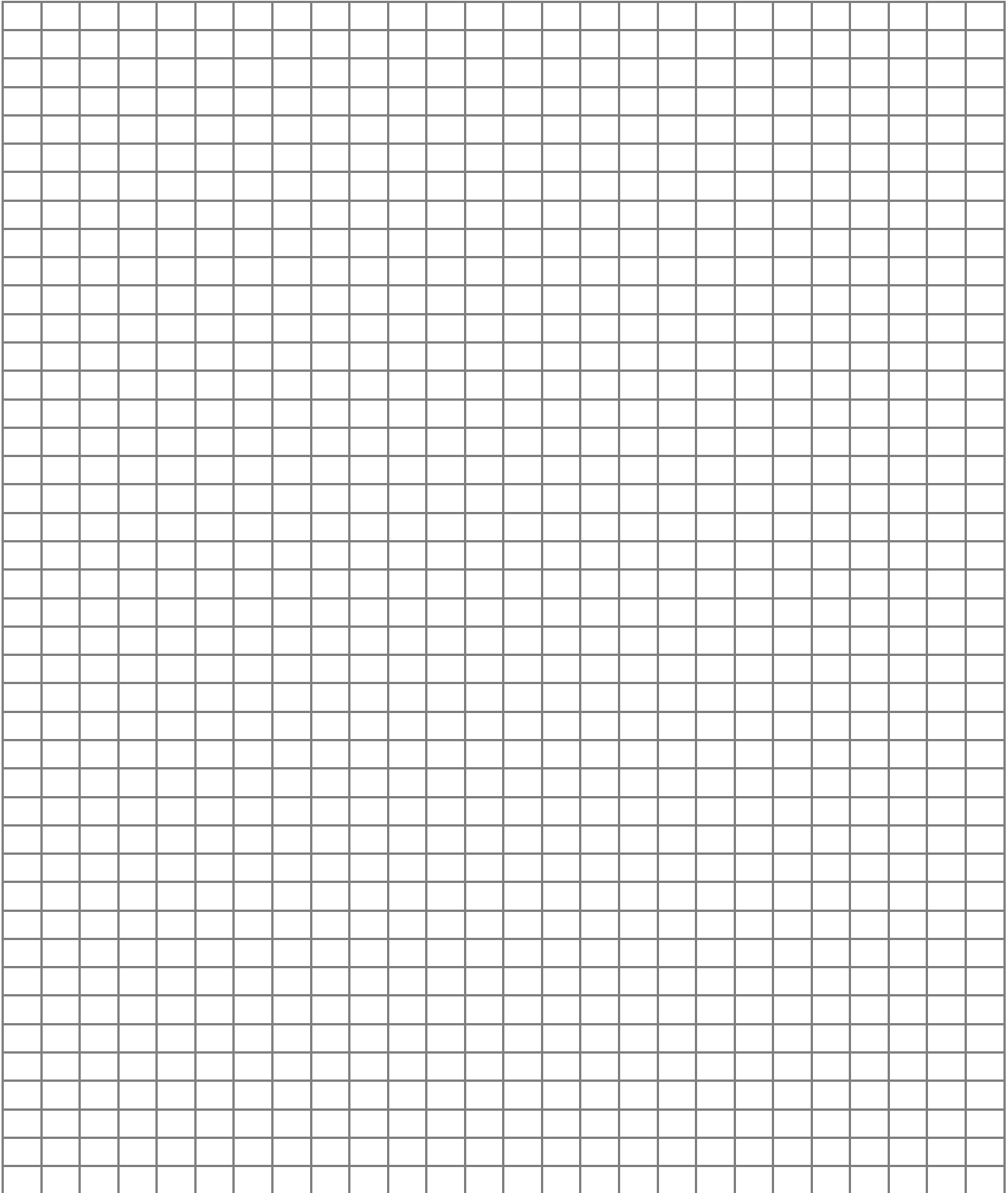
Electrical Contractor: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

Utility: _____
Account Rep: _____
Phone: _____
Fax: _____
Email: _____

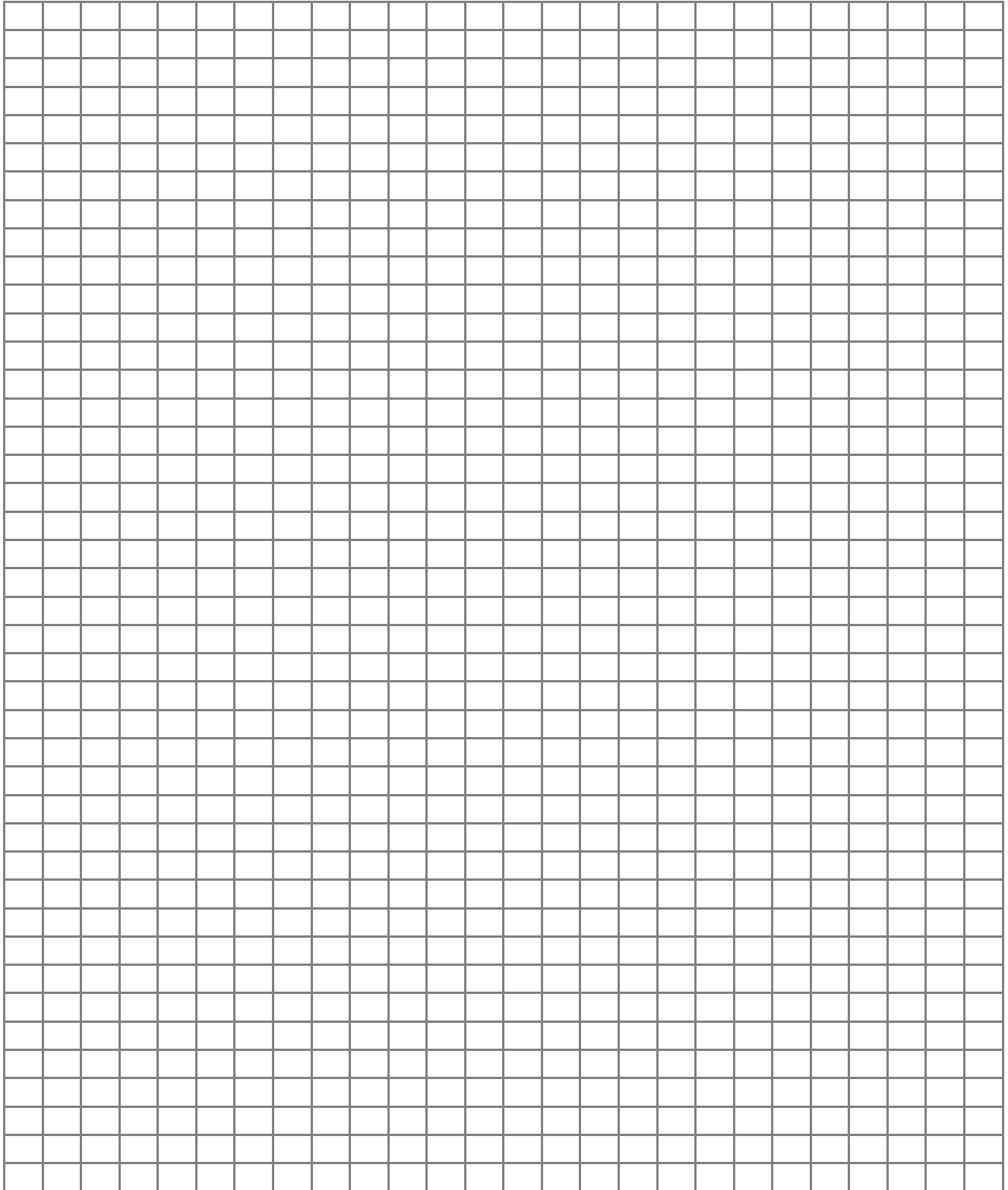
Hours of Operation: Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Utility Rates: Electricity _____ \$/kWh
Natural Gas _____ \$/Therm
Propane _____ \$/Gallon
Steam _____ \$/K lbs.

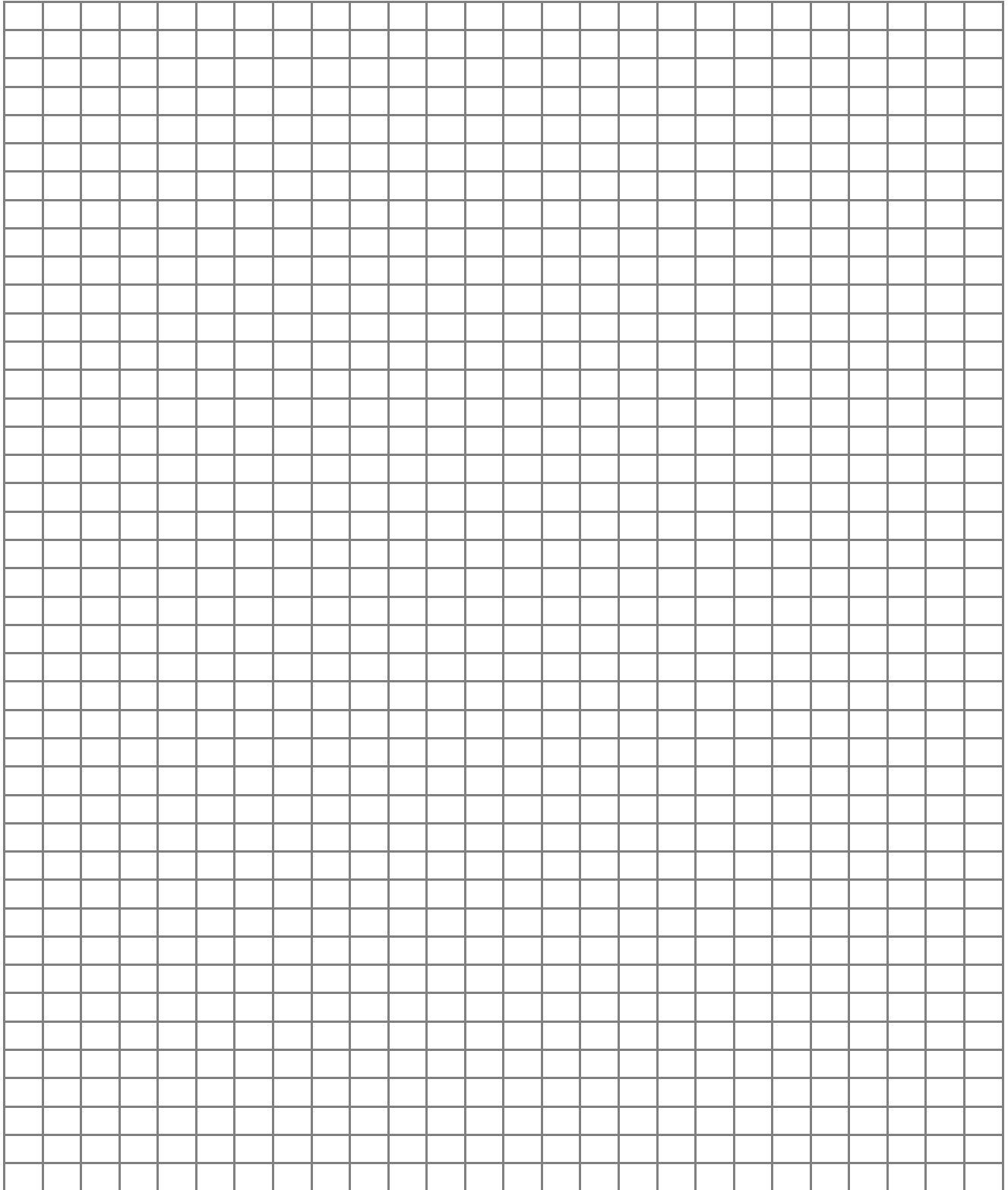
SYSTEM SKETCHES 1



SYSTEM SKETCHES 2



SYSTEM SKETCHES 3



SURVEY NOTES1 _____
_____2 _____
_____3 _____
_____4 _____
_____5 _____
_____6 _____
_____7 _____
_____8 _____
_____9 _____
_____10 _____
