

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.

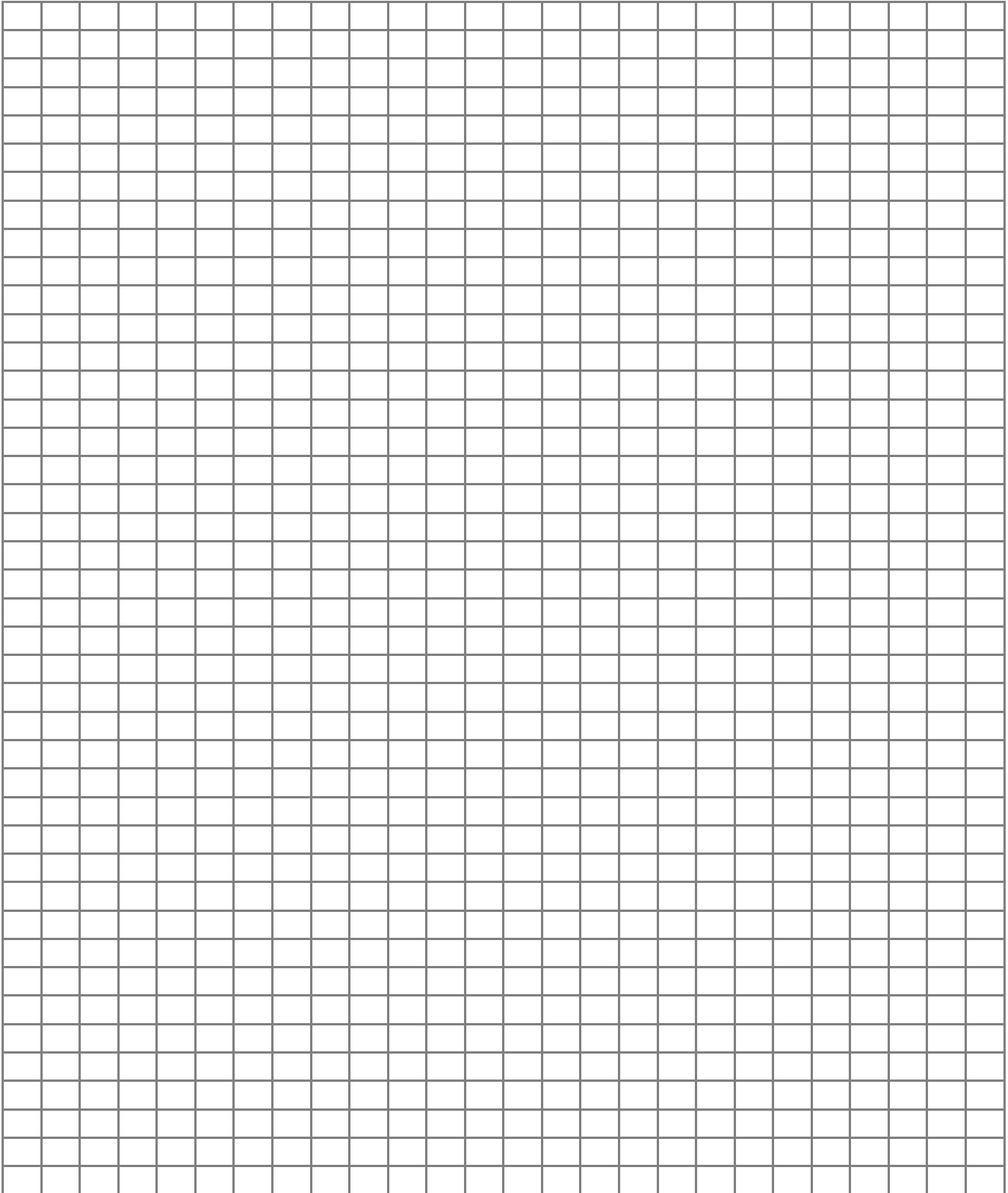
MECHANICAL EQUIPMENT DATA

Tag	Manufacturer	Model	HP	V/Ø	CFM	Heat/Cool

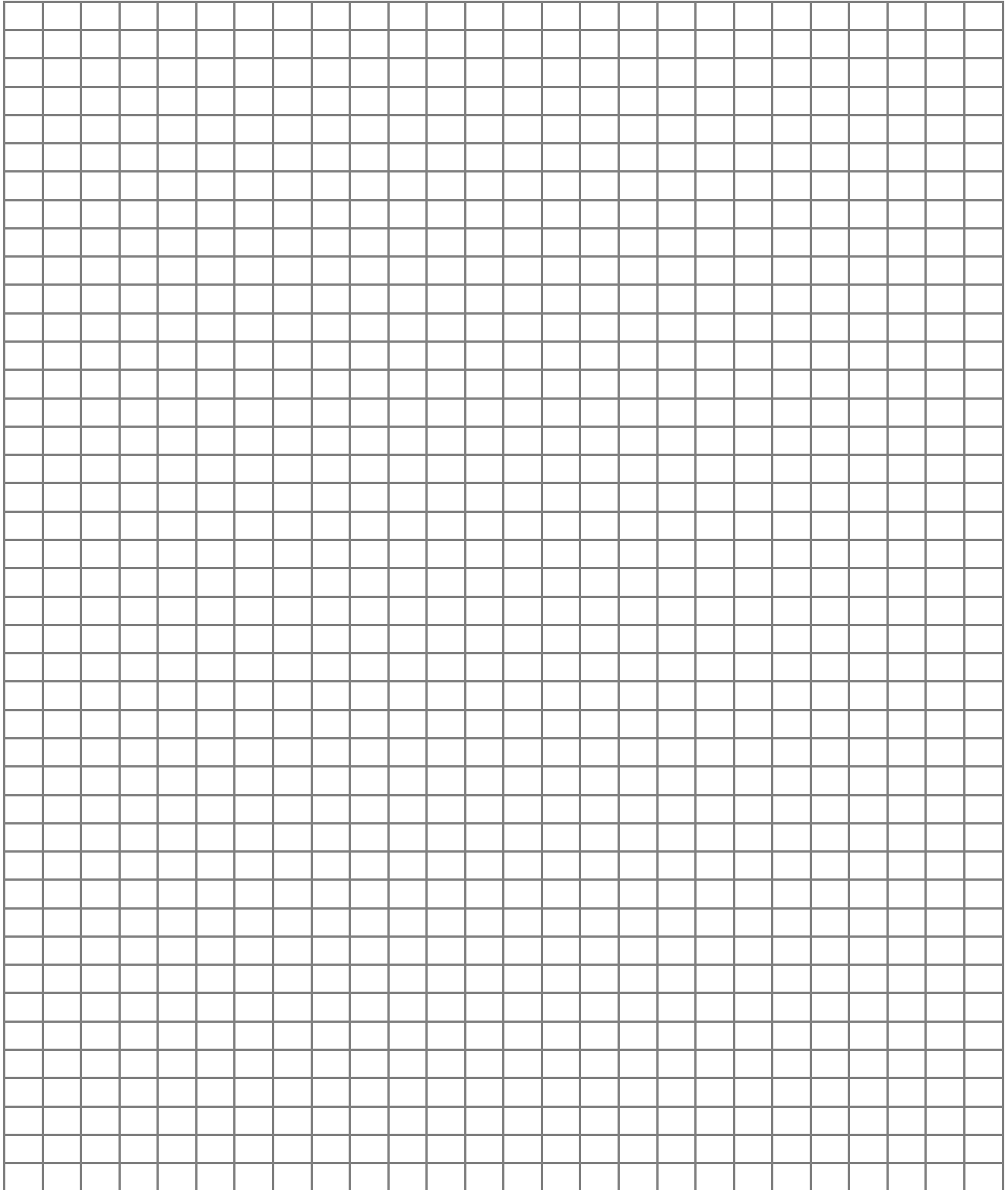
MOTOR DATA

Tag	Manufacturer	Model	HP	V/Ø	FLA	Frame	Eff.	Insul.

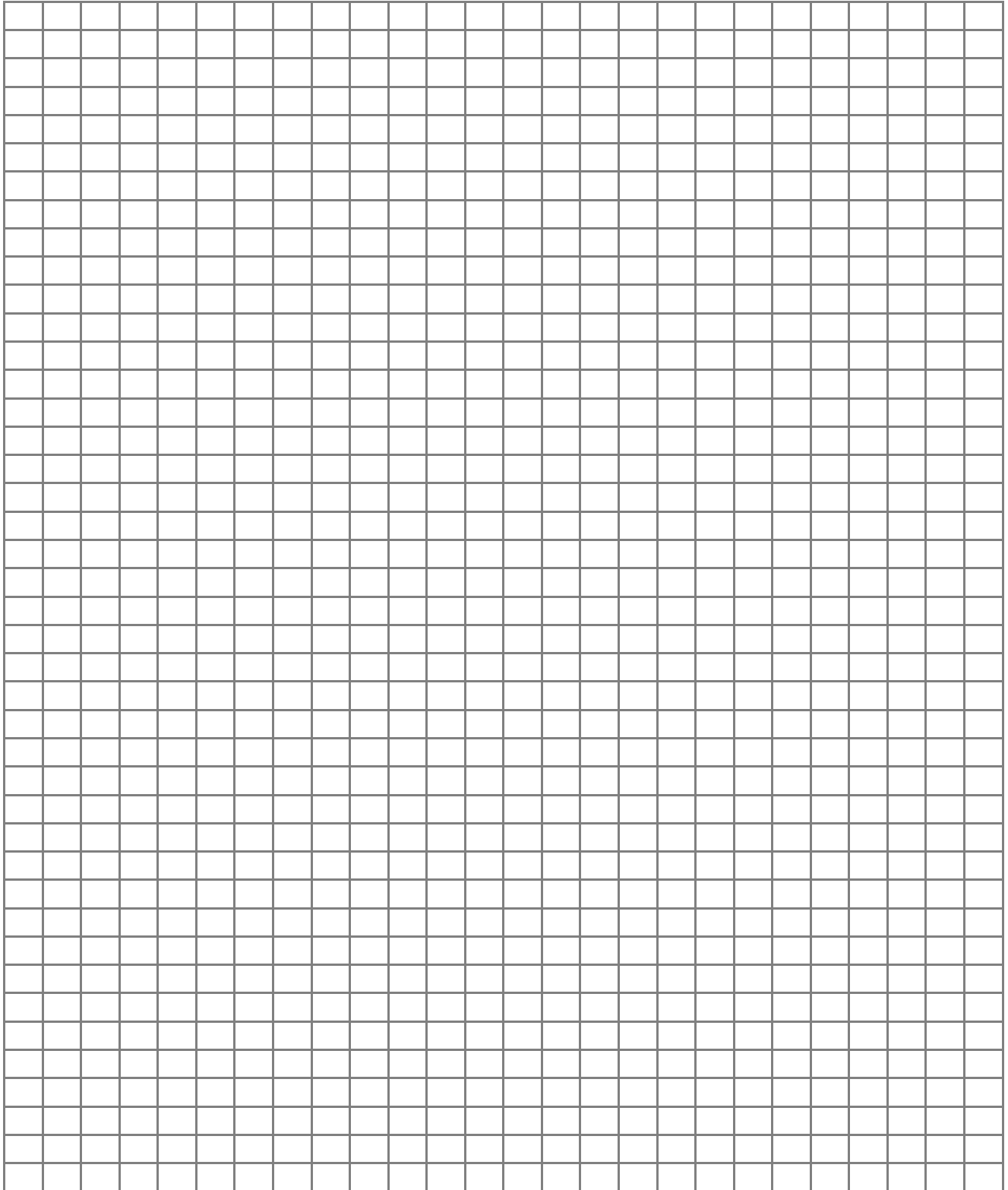
SYSTEM SKETCHES 1



SYSTEM SKETCHES 2



SYSTEM SKETCHES 3



SURVEY NOTES

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____
