APPT Date:		Permit:			
_		Residential or Commercial:			
Job Name:					
Address:		Heat Pump or Gas Electric:			
City:		 · _			
Zip:		Heating Equipment Name:			
Phone:		Furnace/Air Handler Model:			
		AFUE or HSPF:			
County:		Heating Output Capacity:			
Climate Zone:					
Building Dept:		Cooling Equipment Name: _			
Utility:		Condenser/Heat Pump Model:			
SMUD Rebate or Fin.	yes no	SEER Rating (Hang Tag):			
Roseville Rebate or Fin.	yes no	EER Rating:			
PG&E Rebate or Fin.	yes no	Cooling Capacity (Tons):			
Contractor Name:		Coil Equipment Name: _			
۸ ططیمه ده ب		Coil Model Number			_
		TXV - Yes or No:			
Zip:		ARI # _			
Phone:		Duct Location:			
License: _ _ _		Existing Duct D Value			
		New Duct R-Value:			
		Total New Duct Installed?	yes	no	
Notes:		New Furnace Installed?	yes	no	
		New Condenser Installed?	yes	no	
		New Coil Installed?	yes	no	
Fax worksheet to:	916-624-3352	 Signature of Contractor:			
or Email to:	linda@valleyducttesting.com	Estimated Start Date:			
	golferiohn@vallevducttesting.com	Estimated Finish Date:			

Prepared by Valley Duct Testing