



QUENCH VENT INFORMATION SHEET

CUSTOMER INFORMATION

**Note: Please clearly print your information as you wish it to appear on finished drawings.*

FACILITY NAME: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

FAX: _____

GENERAL CONTRACTOR

FIRM: _____

PHONE: _____

CONTACT: _____

FAX: _____

ROOM SPECIFICATIONS: TO BE INCLUDED WITH ROOM LAYOUT INFORMATION SHEET

(PLEASE DO NOT LEAVE BLANK)

- ☐ Should we treat this space as NEW construction? (Facility has not been built.)
- ☐ Should we treat this space as RENOVATION construction? (Facility has been built and maybe altered- please include a very detailed centerline sketch including all existing obstacles.)
- ☐ Should we treat this space as EXISTING construction? (Facility has been built and may not be altered- include a very detailed centerline sketch including all existing obstacles.)

NOTE: * A faxed or emailed blueprint cannot be used to produce an accurate drawing. *