



**Tel: 1-800-875-5285**  
**Fax: 1-800-408-1100**

PLEASE PRINT, FILL OUT AND  
 FAX THIS PAGE TO 800.408.1100

PLEASE, COMPLETE THE INFORMATION BELOW

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
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**Electric Floor Heating**  
 Primary source of heat  
 Secondary source of heat

**My room is:**  
 Above a garage or other cold area  
 or not

**My subfloor is:**  
 A cement slab       A cement board  
 Plywood               Other: \_\_\_\_\_

**My flooring will be:**  
 Tile / Stone               Vinyl  
 Carpet                       Laminate wood  
 Nailed Hardwood       Other: \_\_\_\_\_

**Cabinets / counters**  
 21" deep                   with toe kicks  
 24" deep                   without toe kicks  
 Other

- Make sure you...**
- Indicate preferred thermostat location
  - Include overall measurements
  - Measure floor footprint distances base-to-base(between counters and islands)
  - Locate the furniture and appliances
  - Draw heating vents & doors
  - If make-up desk, indicate open-floor

**My contact information:**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 eMail: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you.