



Fax To: **1-530-267-8091**

**Questions ?**  
**Call Us at (800) 482-8719**

**Required Information:**

Please fill out the below questionnaire. Keep in mind answering all fields completely will allow us to build an accurate system as quickly as possible.

- ✓ Type of Stove/Appliance \_\_\_\_\_ (i.e. stove, furnace, water heater ect.)
- ✓ Appliance distance from the wall \_\_\_\_\_ (inches)
- ✓ Vertical or Horizontal installation \_\_\_\_\_
- ✓ Ceiling Height \_\_\_\_\_ (feet- inches)
- ✓ Is there an attic \_\_\_\_\_ (yes/no)
- ✓ Number of Stories \_\_\_\_\_
- ✓ Flue diameter \_\_\_\_\_ (inches)
- ✓ Height of the Flue: \_\_\_\_\_ ( how many inches from the floor is the flue opening)
- ✓ Pitch of the roof: \_\_\_\_/12 (number of inches increased in height over a 12 inch horizontal distance i.e. 5/12)
- ✓ Are there eaves, gutters, or fascia \_\_\_\_\_
- ✓ New Construction or retrofit \_\_\_\_\_
- ✓ Target project completion date: \_\_\_\_\_
- ✓ Are you using a professional for the installation \_\_\_\_\_ (yes/no)

**Your Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_