



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: _____