



## PERMAFROST PREVENTION QUOTES REQUEST FORM

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

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

Project Name : \_\_\_\_\_

Project Location : \_\_\_\_\_

Project Phase: \_\_\_\_\_

Quote Due By: \_\_\_\_\_

1. What voltages are available:

- 120
- 208
- 240
- 277

2. What are the dimensions of the area(s) you plan to heat:

\_\_\_\_\_ Length X \_\_\_\_\_ Width  
\_\_\_\_\_ Length X \_\_\_\_\_ Width  
\_\_\_\_\_ Length X \_\_\_\_\_ Width

3. Will the cable be in conduit or in direct contact:

- Conduit
- Direct Contact

4. What is your heat loss calculation:

\_\_\_\_\_

5. What is the thickness and R-value of the insulation under the floor:

Thickness \_\_\_\_\_  
R-Value \_\_\_\_\_

6. What is the operating temperature of the freezer and what will it store:

\_\_\_\_\_ Operating Temperature  
\_\_\_\_\_ Items

7. Will the system control be inside the freezer:

- Yes
- No

Other Special Requirements:

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

Please fax this form to: (847) 526-4456  
On-line form can be submitted on [www.delta-therm.com](http://www.delta-therm.com)

**PLEASE FAX OR E-MAIL [INFO@DELTA-THERM.COM](mailto:INFO@DELTA-THERM.COM)  
A DRAWING OF THE AREA(S) TO BE HEATED**