

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

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