Jobsite Data Form

Date:____/_____/ 201___

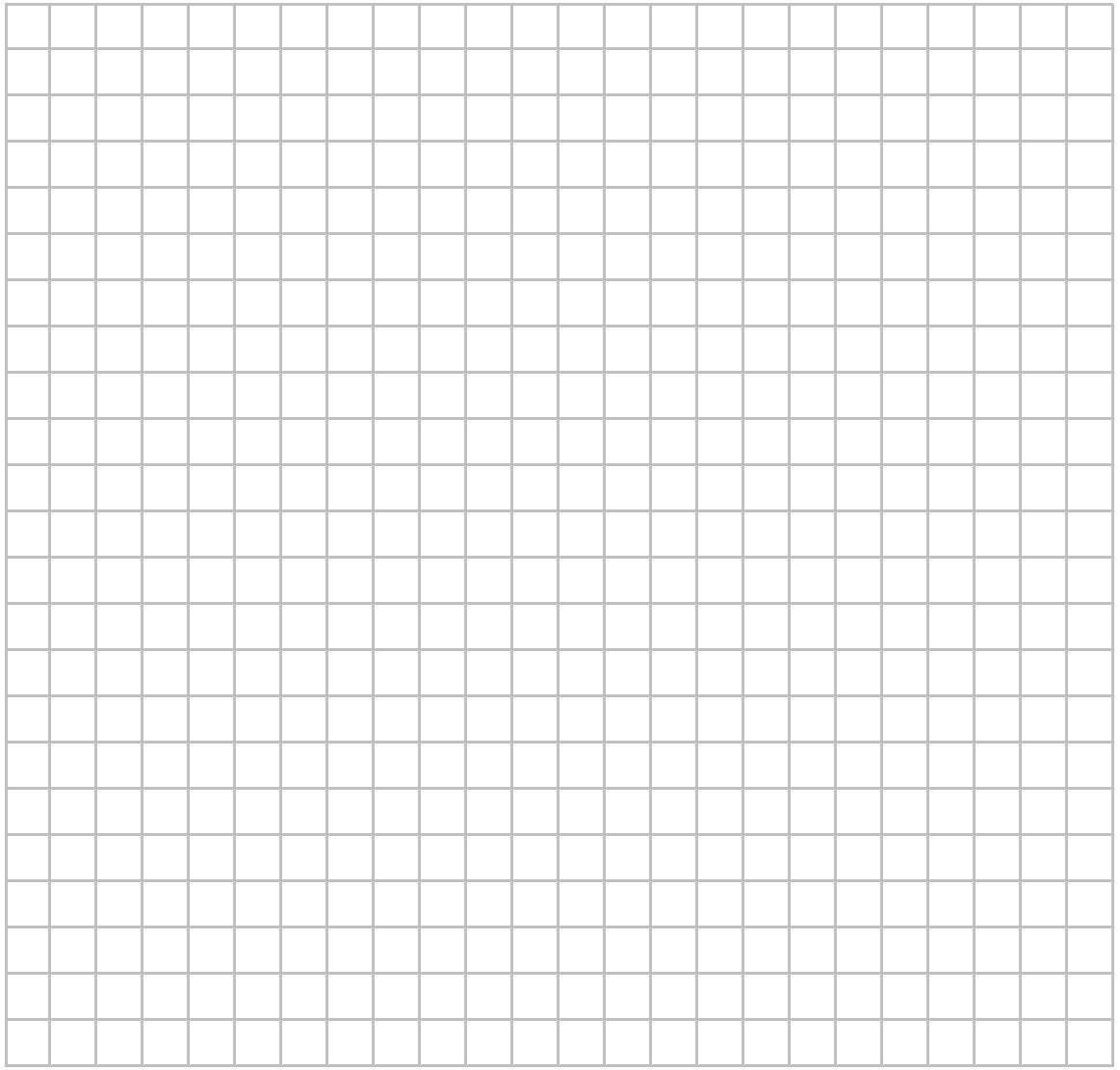
Summit Ice Melt Systems

PO Box 6928, Tahoe City, CA 96145
Ph: 530-583-8888 Fax: 530-583-7777
summiticemelt.com

Customer:
Company Name:
Address:
Contact:
Phone:
Mobile:
Email:
End User:
Property Name:
Address:
Contact:
Phone:
Mobile:
Fax:
Email:

Ice Melt System Information
System: [ ] PRO [ ] LT [ ] HotSlot [ ] Valley [ ] LowSlope [ ] SSMR
Cover Material: [ ] Aluminum [ ] Copper
Color:
Voltage Available: [ ] 120 [ ] 208 [ ] 240 [ ] 277
Notes:

Roofing Information
[ ] New roof [ ] Existing roof
Type of roofing: Color:
Slope:



Check List Indicate the following:

By: _____

- ✔ Length of roof eave to be heated
- ✔ Length of valleys to be heated
- ✔ Gutter and downspout locations, lengths
- ✔ Power source junction box
- ✔ Controller sensor
- ✔ Main Service panel
- ✔ North orientation

(Note: Use next page if necessary)

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