# 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:** | |
|---|---|
| Address: | |
| | |
| Contact: | |
| Phone: (  ) | Mobile: (  ) |
| Fax: (  ) | |
| Email: | |
| **End User:** | |
| Address: | |
| | |
| Contact: | |
| Phone: (  ) | Mobile: (  ) |
| | |
| Fax: (  ) | |
| Email: | |

| **Ice Melt System Information** | |
|---|---|
| System: [ ] Radiant Edge[tm] | [ ] Radiant Edge *LT* [tm] |
| [ ] Radiant Edge Valley | [ ] LowSlope[tm] |
| Material: [ ] Aluminum | [ ] Copper |
| Color: | |
| Voltage Available: | |
| Notes: | |

| **Roofing Information** | |
|---|---|
| [ ] New roof | [ ] Existing roof |
| Type of roofing: | Color: |
| | |
| Slope: | Height above ground: |

***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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