AIR CLEANING SYSTEMS, INC. / PLYMOVENT AFG GRANT SURVEY FORM

FILLED OUT BY:		CONTACT U	S: 800-247-1020 <u>www.acleansystem.com</u>							
DATE:		HAVE YOU RECE	EIVED INFORMATION FROM US: YES NO							
EIDE /EMC DEDE.			DVD							
FIRE /EMS DEPT: ADDRESS -			DVD DATE INFO SENT:							
ADDRESS -			INFO SENT BY:							
STREET		P.O. BOX								
			where did you hear about us.							
CITY /	STATE /	& ZIP CO	DE							
NAME & TITLE:										
GRANT WRITER:										
G Writer TEL#	G Writer E-mail:		Drill Day/Time							
STATION #		A A EEDDALA	TT A DDDDGG W 0							
BEST # TO CALL	BEST TIME:	ALTERNA	TE ADDRESS: Home?							
WORK #_										
HOME #										
CELL#										
EMAIL:										
NUMBER OF STATIONS:	NUMBER OF BOTTOM EX	XHAUST:	TYPE OF ROOF							
NUMBER OF APPARATUS:	NUMBER OF VERTICAL I	<u> </u>								
NUMBER OF VEHICLES IN TANDEM:	NUMBER OF PASSANGER		TYPE OF WALLS							
NUMBER OF VEHICLES IN TANDEM.	NUMBER OF TASSANGER									
NUMBER OF BACK-IN BAYS:	NUMBER OF DRIVER SI		TYPE OF CEILING							
NUMBER OF BACK-INDAIS.	NUMBER OF BRIVER SI		CEILING HEIGHT							
NUMBER OF DRIVE THRU BAYS:	NUMBER OF RE-GEN VEI		CEILING HEIGHT							
APPARATUS BAY LENGTH	NUMBER OF VEHICLE	POORS.	ONE STORY OR TWO STORY BUILDING							
AITARATUS DAT LENGTH	NUMBER OF VEHICLE	DOORS:	_ ONE STORT OR TWO STORT BUILDING							
APPARATUS BAY WIDTH	WIDTH OF DOOR:		_							
AITARATUS DAT WIDTH			DO YOU HAVE AN AIR COMPRESSOR?							
APPARATUS BAY HEIGHT	HEIGHT OF DOOR:		- NTG NO							
			YES NO							
		240 VOLT 440 VOLT								
SIZE OF ELECTRICAL SERVICE	1 PHASE 3 PHASE 3	3 PHASE 3 PHASE								

AIR CLEANING SYSTEMS INC <u>www.acleansystem.com</u> PHONE: 800-247-1020 FAX: 518-785-4874

FIRE STATION SELF-SURVEY DRAWING																
FIRE I	DEPART	TMEN'	T: OR:_			STATION #:SURVEY DATE:										
NOTES:																





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