

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

FILLED OUT BY: \_\_\_\_\_

**CONTACT US: 800-247-1020**

[www.acleansystem.com](http://www.acleansystem.com)

DATE: \_\_\_\_\_

HAVE YOU RECEIVED INFORMATION FROM US: YES NO

**FIRE /EMS DEPT:**

ADDRESS -

STREET \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY / STATE / & ZIP CODE

NAME & TITLE:

GRANT WRITER:

DVD \_\_\_\_\_  
 DATE INFO SENT: \_\_\_\_\_  
 INFO SENT BY: \_\_\_\_\_

**Where did you hear about us?**

G Writer TEL#

G Writer E-mail:

Drill Day/Time

STATION # _____ BEST # TO CALL _____ BEST TIME: _____ FAX # _____ WORK # _____ HOME # _____ CELL # _____ EMAIL: _____	ALTERNATE ADDRESS: Home? _____
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NUMBER OF STATIONS:	NUMBER OF BOTTOM EXHAUST:	TYPE OF ROOF  TYPE OF WALLS  TYPE OF CEILING  CEILING HEIGHT
NUMBER OF APPARATUS:	NUMBER OF VERTICAL EXHAUST	
NUMBER OF VEHICLES IN TANDEM:	NUMBER OF PASSANGERS SIDE TAILPIPES:	
NUMBER OF BACK-IN BAYS:	NUMBER OF DRIVER SIDE TAILPIPES	
NUMBER OF DRIVE THRU BAYS:	NUMBER OF RE-GEN VEHICLES	

APPARATUS BAY LENGTH		NUMBER OF VEHICLE DOORS: _____	ONE STORY OR TWO STORY BUILDING  DO YOU HAVE AN AIR COMPRESSOR?  YES NO _____
APPARATUS BAY WIDTH	_____	WIDTH OF DOOR: _____	
APPARATUS BAY HEIGHT	_____	HEIGHT OF DOOR: _____	

<b><u>STATION ELECTRICAL PANEL – SIZE OF ELECTRICAL SERVICE</u></b>	240 VOLT 1 PHASE	208 VOLT 3 PHASE	240 VOLT 3 PHASE	440 VOLT 3 PHASE	PANEL MANUFACTURER:

NOTES:

