



HVAC REPLACEMENT EQUIPMENT FORM

CUSTOMERNAME _____
 JOB NAME _____
 LOCATION _____
 CONTACT _____
 PHONE _____
 FAX _____
 EMAIL _____

EXISTING EQUIPMENT

Manufacturer: _____

Model Number: _____

Quantity: _____

System Type: Rooftop Unit___ Condensing Unit___ (2-pipe or 4-pipe) Air Handler___
 Air Cooled Condenser___ Gas Furnace___ Water Cooled___

Voltage: 208/230-1-60___ 208/230-3-60___ 460-3-60___

Cooling Tons: _____

Heating: Natural Gas ___/ LP___/ Electric Strip___/ Heat Pump___
 Duct Furnace___/ Unit Heater___

If gas heat: MBH output/unit _____

If Electric Strip: KW/unit _____

Outside Air: None___ Manual Damper___ Motorized Damper___ Economizer___

Unit Dimensions: Length___ Width___

Supply Air Ducted from Unit: Horizontal or Vertical

Return Air Ducted to Unit: Horizontal or Vertical

REPLACEMENT UNITS

Roof Curb Required: None___ 14"___ 24"___ Adapter Curb___

Heat Options: Gas___ LP___ Electric Strip___ Heat Pump___

Outdoor Air Option Required: None___ Manual Damper___ Motorized Damper___
 Economizer___