

Manual Q Information

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Your Name and contact phone #: _____

Your Company Name, Company Address, & Company Phone #: _____

Project Name and Address: _____

Project Type: Commercial _____ Residential _____

1. Duct Style Preference: Trunk & Branch w/Registers in Center of Room _____ Trunk & Branch w/Perimeter Registers _____

Trunk & Branch w/Registers Close to A/H _____ All Flex w/Triangle Boxes _____ All Flex Radial _____

2. Duct Materials Preference and Location: R-4 _____ R-6 _____ R-8 _____ All Metal Rectangular _____

Rectangular Metal w/Round Metal Branches _____ Rectangular Metal Trunk w/Flex Branches _____

All Fiberglass Rectangular Duct Board _____ Rectangular Fiberglass Duct Board w/Round Metal Branches _____

Rectangular Fiberglass Duct Board w/Flex Branches _____ All Flex w/Triangle Junctions _____ All Flex w/Tees _____

Duct in Panned Joist Return _____ Duct in Un-conditioned Basement _____ Duct in Conditioned Space _____

Duct in Crawl Space _____ Duct in Vented Attic _____ Duct in Encapsulated (Spray Foam) Attic _____

3. Return Air Grill Number Preference: One Centrally Located _____ Multiple w/One per Floor _____

Multiple w/One per Bedroom _____ Multiple All Centrally Located _____ Custom - Specify Rooms _____

4. Return Air Grill Location Preference: Walls _____ Floors _____ Ceilings _____ Other (specify) _____

5. Return Air Grill Type Preference: Filter Back _____ Non-Filter Back _____ Transfers _____