

## **PTAC QUESTIONAIRE**

Company					
Contact Name					
Email	Phone				
Job Name & Locatio	on:		•		
1. Please disconne	ect all power to	unit before carefu	ully removing the c		
2. Please provide t from outside edge			easuring gram to the right):	j B	
Width:		_ Height:	Dept	:h:	A
<b>3. Power connecti</b> Wall outlet		Hardwired arm	ored cable	Hardwired electrical s	sub base
4. Voltage:	15 volt	208/230 volt	265/277 volt		
5. Amperage:	15 amp	20 amp	30 amp		
	natural gas am heat		th electric heat strip vith electric heat stri		
*If you selected ho Valve: Voltage: Coil:	Valve norm Line Voltag	ally open e	<b>ecify the valve and</b> Valve normally close 115 Volt 24 Vo Top mount	<b>the voltage below:</b> ed olt	
Model #: Minimum c	ircuit ampacity	<i>,</i>			<del>_</del> -
8. BTU Capacity:	Cool:		Heat:		
9. Age of the units	(or serial num	ber):			-
10. What type of w	all construction	on exists (Ex: glass,	masonry, metal fran	ne, wood frame, panel):	
11. Wall depth (fini	shed interior t	o finished exterior	):		
12. Is the top of the unit:		Sloped	Flat		
<b>13. How is the unit</b> Unit	controlled? mounted ther	mostat	ostat Remote wall mount thermostat		
14. If a power cord	exists, please	select it from the	following:		
NEMA 6-15R	NEMA 6-20	DR NEMA 6	(The NEMA 6-30R is the 1-15R but is larger pin width)		

Thank you for your assistance. We appreciate any information you are willing to provide.

