CDI CUSTOM CURB ADAPTERS - MEASURE SHEET

QUOTE #	PO#	JOB TAG	DATE CURB REQUIRED

CONTACT INFORMATION

CONTRACTOR

contact: (person/company) ______________________________

phone: ______________________________

Will installer be on site? If not, how could they be available by video call? ______________________________

____

SITE of MEASURE

name: **(business)** ______________________________

contact: **(person)** ______________________________

phone: ______________________________

ADDRESS of MEASURE

street: ______________________________

city: ______________state: _______zip: ________

CDI SALES REP

____

Will the units be clearly labeled with RTU# / serial# or is there a site map / site survey identifying each unit?

____

____

Which PPE do we need to bring with us?

____

ROOF ACCESS

location of ACCESS POINT: ______________________________

____

roof access CODE: ______________________________

roof access: ☐ HATCH or ☐ LADDER **(check one)**

If a ladder is needed, how tall of a ladder and does CDI need to bring the ladder?

____

RTU unit tags to measure and is there a curb adaper presently?	NEW UNIT ACCESSORIES (check if applies)
	☐ ECONO / ☐ OA HOOD / ☐ PWR EXHAUST
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RETURN COMPLETED FORM to your CDI INSIDE SALES PERSON.

SPECIAL NOTES: