

Jeff Gray—228-497-1313 ext. 2309 gray@singingriver.com



7		1107	<u>C Contractor</u>			
SRE Member #:		Com	pany Name:			
Member Name:		Mail	ing Address:			
911 Address:		City	'State/Zip:			
Mailing Address:		Ema	il:			
City/State/Zip:			ne:			
Phone:		Fax:				
	* Installed Hea	t Pumps must be	14 SEER minimum) *		
Building Type:		•	are Footage:			
	umber of Floors:		Ceiling Insulation Type:			
Floor Type:	por Type:			Ceiling Insulation R-Value:		
Thermostat Type:		Wal	Insulation Type: _			
Ductwork Location:		Wal	Insulation R-Value	e:		
· · · · · · · · · · · · · · · · · · ·						
			er Heater: Type		Gas	
		Wat	er Heater: Type	Electic		
Total # of HVAC Units: Installed Heat Pumps:	Air to Air	Wat	er Heater: Type Dual Fuel	Electic Ductles	s	
Total # of HVAC Units:	Air to Air Date Install	Wat Geothermal ed	er Heater: Type Dual Fuel	Electic Ductles	s	
Total # of HVAC Units: Installed Heat Pumps: #of Units Installed	Air to Air Date Install	Geothermal ed#2 B	er Heater: Type Dual Fuel Type of Unit Re	Electic Ductles	s	
Installed Heat Pumps: #of Units Installed #1 Brand:	Air to Air Date Install	Geothermal ed#2 B	Dual Fuel Type of Unit Reprand:	Electic Ductles placed	s	
Installed Heat Pumps: #of Units Installed #1 Brand: Indoor Mod#	Air to Air Date Install	Geothermal ed #2 B Indo	Dual Fuel Type of Unit Reparand:	Electic Ductles placed	s	
Installed Heat Pumps: #of Units Installed #1 Brand: Indoor Mod# Indoor Ser#	Air to Air Date Install	Geothermal ed #2 B Indo Outcome	Dual Fuel Type of Unit Reparand: or Mod# or Ser#	Electic Ductles placed	s	
Installed Heat Pumps: #of Units Installed #1 Brand: Indoor Mod# Indoor Ser# Outdoor Mod#	Air to Air Date Install	Geothermal ed #2 B Indo Indo Outc	Dual Fuel Type of Unit Reparand: or Mod# oor Mod# oor Mod#	Electic Ductles	s	

^{*} AHRI certificate is required.