



Labor Recovery Services

Phone: 678.971.5777

Email: info@nghvac.net

Contractor / Consumer Information Form

Contractor Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Consumer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Requested Plan Code (s): _____

(See Pricing Sheet for Plan Code)

Number of Systems: _____

Equipment Tonnage: _____

Equipment Brand (s): _____

Equipment Model & Serial Number (s), Description of System (s): _____

I.D. Supply Duct Size (s) & Length (s): _____

*****PLEASE PRINT CLEARLY, THIS FORM MUST BE FILLED OUT ENTIRELY*****

Labor Recovery Services has the right to evaluate and verify all sales and claims before made final.

All E2 Code Plans must have a completed service to include but not limited to pressure readings, condenser coil and evaporator coil cleaned and attached to this form.



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List Individual Supply openings & Sizes: _____

Are Individual Supply openings Flex Duct: _____ or Metal: _____

I.D. Return Duct Size (s) & Length (s): _____

List Individual Return openings & Sizes: _____

Are Individual Return openings Flex Duct: _____ or Metal: _____

List All Accessories to be covered (Brand, Model & Serial Numbers: _____

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By signing this form I _____ (Please Print) have performed an evaluation of the duct system and completely made every effort to verify all work is completed and all installed equipment and accessories are operating and functioning to all the manufacturer specification.

Sign Above

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