

FIELD VERIFICATION SHEET

FAX TO: (727)532-4848 PHONE: (727)532-HVAC
 EMAIL TO: hvaccurbs@gmail.com
 6227 147th Ave. N. Unit B, Clearwater, FL 33760



Company: _____

Contact: _____

Phone: _____

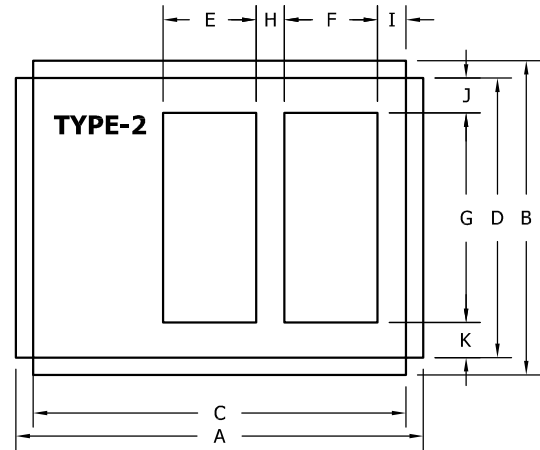
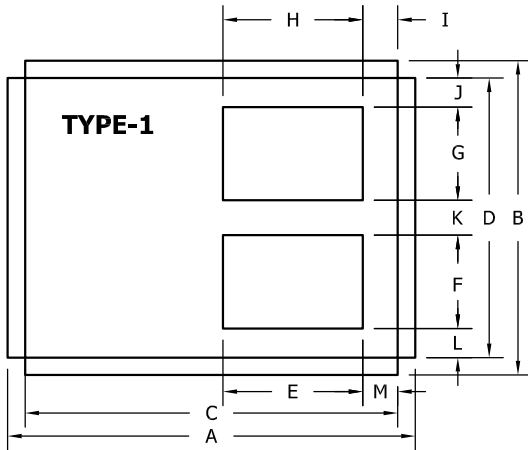
Email: _____

Fax: _____

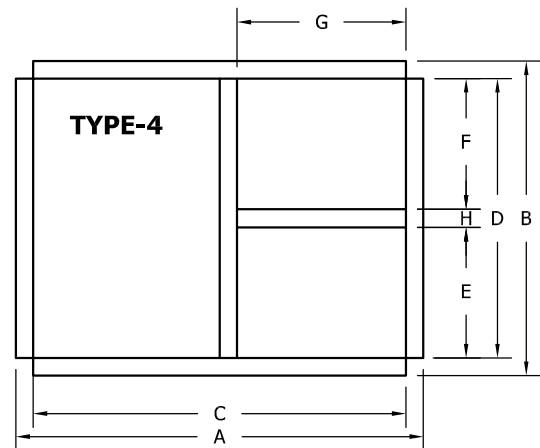
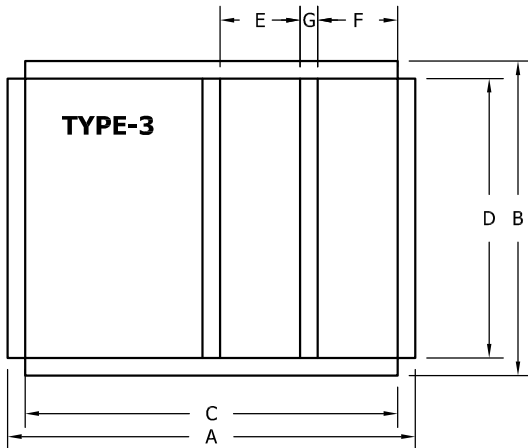
PROJECT NAME: _____ JOB NUMBER: _____

CITY, STATE: _____ TAG: _____

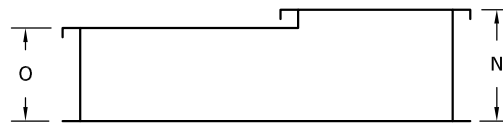
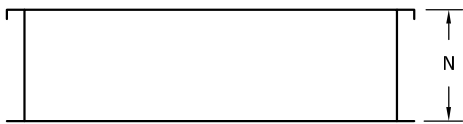
**PLEASE INDICATE WHICH DUCT IS SUPPLY AND RETURN
 DUCT CONNECTED TO UNIT OR PLENUM**



DUCT ATTACHED TO CURB



SIDE VIEW



EXISTING CURB DIMENSIONAL DATA

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

REQUIRED UNIT DATA

Fill in the above dimensional data or send a specification sheet on the existing curb and unit.

Existing Equipment Model Number: _____

Replacement Equipment Model Number: _____

DRAWN BY: DPS	DATE: 04/15/16	REV #:	REV DATE:	APPROVED BY:	DWG #
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