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## **Comfort Concerns**©

There are 100's of ways to install a comfort system, the best way is what's right for you and your family...

## **Comfort System For:**

•				
LOW	MED	HIGH	BENEFITS WANTED	BEST SOLUTION
			Are there any areas that get too warm or too cold?	
			Does your home get too muggy or too dry certain times of the year?	
			Does anyone in your family suffer from asthma or airborne allergens?	
			Is the existing system easy to control / program?	
			Is the existing indoor system noisy  Outdoor?	
			What repairs have been done on the system?  Exceptional reliability / warranty?	
			Are you concerned about future energy costs?	
		,	What is most important to you when choosing a company to do business with?	

© ACT

## **Comfort Survey**

Name			Name (Tenant)	<u> </u>								
Address			Address									
City	State	Zip	City		State	Zip						
Phone (H)	Wk.	Fax	Phone (H)	Wk.		Fax						
Consultant		Date	Existing System:	Operational	Non-Ope	rational □						
FURN	NACE / AIR HANDLER			AIR CONDITION	NING							
/lske			Make			****						
vlodel #			Model #			· · · · · · · · · · · · · · · · · · ·						
Serial #			Serial #			···						
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## **Special Situation Notes**