AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET OWNER Requestor **Date Requested** Name **EQUIPMENT DATA OUTDOOR UNIT EVAPORATOR** Address Model # Model# Zip Code City State Serial # Serial # Contact Phone Date Installed Date Installed **SERVICING CONTRACTOR FURNACE** Name **AIR HANDLER** Model # Model # Address Serial # Serial # Zip Code City State Date Installed Date Installed Contact Phone **DISTRIBUTOR** Problem Summary Name Address Corrective Zip Code **Actions Taken** City State Contact Phone Additional **Application** Information Residential Commercial **ACCESSORIES?** (Check those installed): Low Ambient kit Discharge Line Muffler ☐ Other Filter-Drier Compressor Time Delay Compressor Sound Enclosure ☐ Hot Water Recovery ☐ Mild Weather Kit Oil Separator ☐ Hot Gas Bypass Crankcase Heater ☐ High Pressure Cutout Pump Down Kit

□ Accumulator

☐ Low Pressure Cutout

☐ Hard Start Kit

