Summit Ice Melt Systems
2911-Lake Forest Road ◆ PO Box 6928
Tahoe City, CA 96145
530.583.8888 p ◆ 530.583.7777 f
summiticemelt.com

Quick Quote Form

Please complete and scan and ***email to info@summiticemelt.com****, or fax to 530/583-7777. Thank you!!*

Name:		
Business Name:		
Email:		
I am a(n) ☐ Architect ☐ Contractor ☐ Homeowner ☐ Other:		
Mail Street Address:		
Mail City, State, Zip		
Phone: Home:( )	Mobile:( )	Work:( )
Job Site Address:		
Job City, State, ZIP:		

Project Name: Slope: ___/ 12 ☐ New ☐ Re-roof Color:	
Roof Type: ☐ Composition/Asphalt Shingle ☐ Shake ☐ Tile ☐ Metal ☐ Flat ☐ Other:	
Annual Snowfall:	Max Roof Snowpack:
Project Timeline: [ ]1-30 [ ]31-90 [ ]90+ Days	Supply Voltage: ☐208-277Vac ☐120Vac ☐Either
System Preferred: ☐PRO ☐LT ☐HotSlot ☐LowSlope ☐Standing Seam ☐ZigZag ☐ Don't Know	
Control System: ☐ Automatic Digital Ambient Temp ☐ Manual	
Lineal Feet Eaves:	Lineal Feet Gutters:
Lineal Feet Valleys:	# of Downspouts: Lineal Feet Downspouts:

Project Notes: