| Customer: | Jobsite Data Form | | | | | | Summit Ice Melt Systems | | | | | | | | |
|---|--|---------|--------|--------|----------|--|-------------------------|------------------|-------|-------------|----------------------|----------------------|----------------------|-------------------|--|
| Address: | _ | | | | | enn | mit | | | PO E Ph: | 3ox 6928 : 530-58 | 3, Tahoe 3-8888 F | City, CA ax: 530- | 96145 583-7777 | |
| | _ | | | | | ICE MELT | SYSTEMS | | | | | | | | |
| Contact: | Date: | / | _/ 202 | 2 | | | | EM | AIL T | O: inf | fo@sı | ummiti | icemel | lt.com | |
| Phone: () Mobile: () | | | | | | | | | | | | | | | |
| Fax:() | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| End User/Job Name: | | | | | | | | | _ | | | | _ | | |
| Address: | | | | | _ | | | | _ | | | | _ | | |
| | | | | | _ | | | $\left \right $ | - | | | | | | |
| Contact: | | | | | | | | | - | | | | | | |
| Phone: () Mobile: () | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Fax:() | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | _ | | | | _ | | |
| Ice Melt System Information | | | | | | | | | | | | | | | |
| System: [] PRO [] LT [] HotSlot [] Valley [] LowSlope | | | | | | | | | | | | | | | |
| Cover Material: [] Aluminum [] Copper | | | | | | | | | | | | | | | |
| Color: | | | | | | | | | | | | | | | |
| Voltage Available: | | | | | | | | | | | | | _ | | |
| Notes: | | | | | | | | | | | | | | | |
| Roofing Information | | | | | | | | | _ | | | | _ | | |
| [] New roof [] Existing roof | | | | | | | | | | | | | | | |
| Type of roofing: Color: | Check List Indicate the following: ✓ Length of roof eave to be heated | | | | | By: ✓ Length of valleys to be heated ✓ Power source junction box | | | | | | | | | |
| | ✓ Gutter and downspout locations, lengths | | | | | | | | | | | | | | |
| Slope:/12 Height above ground: | ✓ Controller | rsensor | ✓ M | ain Se | ervice p | oanel 🗸 | North | orientat | ion | | | | | | |

Jobsite Data Form

SU ICE MELT SYSTEMS Summit Ice Melt Systems PO Box 6928, Tahoe City, CA 96145 Ph: 530-583-8888 Fax: 530-583-7777

summiticemelt.com

Job Name: _____ Date:

Check List Indicate the following:

✓ Length of roof eave to be heated

✓ Power source junction box

By:

✓ Length of valleys to be heated

✓ Controller sensor

✓ Gutter and downspout locations, lengths

✓ Main Service panel

✓ North orientation