

| Customer Name & Address | | Site Name & Address | |
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| | | | |
| | | Water Heating Required? <input type="checkbox"/> <input type="checkbox"/> No Solar? <input type="checkbox"/> <input type="checkbox"/> No | |

Type of Property:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Type of Construction:

| | | |
|------------------------|--------------------------|--------------------------|
| Cavity Wall | <input type="checkbox"/> | <input type="checkbox"/> |
| With Insulation | <input type="checkbox"/> | <input type="checkbox"/> |
| Solid Walls | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|------------------------------------|--------------------------|--------------------------|
| Roof | <input type="checkbox"/> | <input type="checkbox"/> |
| Insulation | <input type="checkbox"/> | <input type="checkbox"/> |
| Glazing | <input type="checkbox"/> | <input type="checkbox"/> |
| Approximate age of property | | |

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. If you have a scaled/sketched drawing or can indicate the relative positions of the rooms, this would be helpful.