

# AIR CLEANING SYSTEMS, INC. / Plymovent 2014-'15 AFG GRANT SURVEY FORM

FILLED OUT BY: \_\_\_\_\_

HAVE YOU RECEIVED INFORMATION FROM US: YES \_\_\_\_\_

DATE: \_\_\_\_\_

NO \_\_\_\_\_

NAME OF FIRE / EMS DEPT. \_\_\_\_\_

DATE INFO SENT: \_\_\_\_\_

F. DEPT.

INFO SENT BY: \_\_\_\_\_

ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CALLER'S NAME & TITLE \_\_\_\_\_

Where did you hear about us?

GRANT WRITER'S NAME \_\_\_\_\_

G. Writer's TEL.# \_\_\_\_\_

G Writer's Cell # \_\_\_\_\_

DRILL DAY/TIME \_\_\_\_\_

<p><b>STATION TEL. NUMBER</b> _____</p> <p><b>BEST # TO CALL</b> _____ <b>BEST TIME:</b> _____</p> <p><b>FAX #</b> _____</p> <p><b>WORK #</b> _____</p> <p><b>HOME #</b> _____</p> <p><b>CELL #</b> _____</p> <p><b>EMAIL:</b> _____</p>	<p><b>ALTERNATE ADDRESS: Home?</b> _____</p> <hr/> <hr/> <hr/>
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<b>NUMBER OF STATIONS:</b>	<b>NUMBER OF BOTTOM EXHAUST:</b>	<p><b>TYPE OF ROOF</b></p> <hr/> <p><b>TYPE OF WALLS</b></p> <hr/> <p><b>TYPE OF CEILING</b></p> <hr/> <p><b>CEILING HEIGHT</b></p>
<b>NUMBER OF APPARATUS:</b>	<b>NUMBER OF VERTICAL EXHAUST</b>	
<b>NUMBER OF VEHICLES IN TANDEM:</b>	<b>NUMBER OF PASSANGERS SIDE TAILPIPES:</b>	
<b>NUMBER OF BACK-IN BAYS:</b>	<b>NUMBER OF DRIVER SIDE TAILPIPES</b>	
<b>NUMBER OF DRIVE THRU BAYS:</b>		

<b>APPARATUS BAY LENGTH</b> _____	<p><b>NUMBER OF VEHICLE DOORS:</b> _____</p> <p><b>WIDTH OF DOOR:</b> _____</p> <p><b>HEIGHT OF DOOR:</b> _____</p>	<p><b>ONE STORY OR TWO STORY BUILDING</b></p> <hr/> <p><b>DO YOU HAVE AN AIR COMPRESSOR ?</b></p> <p>YES _____ NO _____</p>
<b>APPARATUS BAY WIDTH</b> _____		
<b>APPARATUS BAY HEIGHT</b> _____		

<b>STATION ELECTRICAL PANEL – SIZE OF ELECTRICAL SERVICE</b>	<b>240 VOLT 1 PHASE</b>	<b>208 VOLT 3 PHASE</b>	<b>240 VOLT 3 PHASE</b>	<b>440 VOLT 3 PHASE</b>	<b>PANEL MANUFACTURER:</b>

