Circle the hopper configuration below:

1. **Surveyor’s Company** Name__________________________  Site Name ______________________

2. Surveyor ______________________ Phone #____________________  Instal. Quote______________

3. Model to be installed ______________________ Voltage Available____________________

4. Is there a removal Y / N  Is there a concrete pad Y / N  Rough Opening Y / N

5. Pad width ______________________ Pad Length________________________

6. **Inside View:** Please fill in picture to the left for a thru the wall chute. Please note if a disconnect is supplied & voltage.

**Actual Dimensions**

**Notes:**

FAX SURVEYS TO: (215) 533-8907  Email: service@ptrco.com  Toll Free (800) 523-3654
Customer Name: ___________________________________________________________

7. Sketch Side View showing wall, docks, unit in position, posts, objects in area with dimensions.

Notes Side View: _________________________________________________________

8. If Applicable, List:
   a. Dock Height ________ Width ________ Length ________ Roof Height ________

Notes Dock View: _______________________________________________________

Digital Photo’s are encouraged.

Side Feed (left shown) L / R
Rear Feed Yes / No