

Dear Valued customer;

Our goal is to help you create a comfortable, clean, healthy home with low utility and repair bills. This survey will help us determine if we can serve you better. Please fill out this form Fax (850 622-0832) or e-mail it to us. We will contact you. Thank you!

( Please place an **X** the answer that best describes your current condition) (Certain questions require a written result to understand your needs or understand issues not covered in this survey)

**Health & Clean Air Issues** (Place an X in the field that best suits your answer)

Does anyone in your home...

...get frequent headaches, flu-like symptoms, or feel tired all the time?

Yes \_\_\_\_\_ No \_\_\_\_\_

...have asthma, or allergies to dust, pollen or molds?

Yes \_\_\_\_\_ No \_\_\_\_\_

...Ever go to bed with a clear head and wake up the next morning stuffy?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your house ever smell musty or unpleasant?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your furniture seem to get dusty within a few days after house cleaning?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the air in your house too dry in the winter?  
(static shocks, dry sinuses, cracked lips)

Yes \_\_\_\_\_ No \_\_\_\_\_

Does water run down the inside of your windows in the wintertime?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comfort & Utility Bill Issues** (Place an X in the field that best suits your answer)

Are any areas uncomfortably cold in the winter?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are any areas uncomfortably hot in the summer?

Yes \_\_\_\_\_ No \_\_\_\_\_

How cool do you keep your house in summer? Enter in boxes below:

Day Degrees \_\_\_\_\_ Night Degrees \_\_\_\_\_

Do you ever feel uncomfortable even though the AC is on?  
(e.g. wake up sweating or clammy feeling)

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your system ever run non-stop but still not keep you comfortable?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have a heat pump, does it ever seem to blow cold air in the winter?

Yes \_\_\_\_\_ No Heat Pump \_\_\_\_\_ No \_\_\_\_\_

How important is saving money on your utility bills?

Very \_\_\_\_\_ Somewhat \_\_\_\_\_ Not Important \_\_\_\_\_

What do you NOT like about your present HVAC system? (You can type your response in the field provided Below)

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Would you like a free telephone consultation to discuss possible causes of any of the above common problems, and whether there are any economical solutions. (including do it yourself repairs)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please type your contact information in the fields below:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address (cont.) \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Enter Today's date \_\_\_\_\_

Do you Have any other concerns not identified in this Survey? (You can type your response in the field provided Below)

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Please note an email link can be found in the toolbar at the top of this page to forward by e-mail. Printing the form will also print your results. You can also save the form to your computer as well.