

# Manual D Information

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Your Name and contact phone #: \_\_\_\_\_

Your Company Name, Company Address, & Company Phone #: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_

Project Type: Commercial \_\_\_\_\_ Residential \_\_\_\_\_

1. Duct Style Preference: Trunk & Branch w/Registers in Center of Room \_\_\_\_\_ Trunk & Branch w/Perimeter Registers \_\_\_\_\_

Trunk & Branch w/Registers Close to A/H \_\_\_\_\_ All Flex w/Triangle Boxes \_\_\_\_\_ All Flex Radial \_\_\_\_\_

2. Duct Materials Preference and Location: R-4 \_\_\_\_\_ R-6 \_\_\_\_\_ R-8 \_\_\_\_\_ All Metal Rectangular \_\_\_\_\_

Rectangular Metal w/Round Metal Branches \_\_\_\_\_ Rectangular Metal Trunk w/Flex Branches \_\_\_\_\_

All Fiberglass Rectangular Duct Board \_\_\_\_\_ Rectangular Fiberglass Duct Board w/Round Metal Branches \_\_\_\_\_

Rectangular Fiberglass Duct Board w/Flex Branches \_\_\_\_\_ All Flex w/Triangle Junctions \_\_\_\_\_ All Flex w/Tees \_\_\_\_\_

Duct in Panned Joist Return \_\_\_\_\_ Duct in Un-conditioned Basement \_\_\_\_\_ Duct in Conditioned Space \_\_\_\_\_

Duct in Crawl Space \_\_\_\_\_ Duct in Vented Attic \_\_\_\_\_ Duct in Encapsulated (Spray Foam) Attic \_\_\_\_\_

3. Return Air Grill Number Preference: One Centrally Located \_\_\_\_\_ Multiple w/One per Floor \_\_\_\_\_

Multiple w/One per Bedroom \_\_\_\_\_ Multiple All Centrally Located \_\_\_\_\_ Custom - Specify Rooms \_\_\_\_\_

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4. Return Air Grill Location Preference: Walls \_\_\_\_\_ Floors \_\_\_\_\_ Ceilings \_\_\_\_\_ Other (specify) \_\_\_\_\_

5. Return Air Grill Type Preference: Filter Back \_\_\_\_\_ Non-Filter Back \_\_\_\_\_ Transfers \_\_\_\_\_