### Manual D Information

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**Your Name and contact phone #:**  
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**Your Company Name, Company Address, & Company Phone #:**  
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**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 __________  
   - ______________________  
   - ______________________  
   - ______________________  
   - ______________________  
   - ______________________  

4. **Return Air Grill Location Preference:**  
   - Walls _____  
   - Floors _____  
   - Ceilings _____  
   - Other (specify) ______________________

5. **Return Air Grill Type Preference:**  
   - Filter Back _____  
   - Non-Filter Back _____  
   - Transfers _____