



Duker-Reilly-McPherson & Associates, Inc.
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VTAC Questionnaire

Company _____

Contact Name _____

Email _____

Phone _____

Job Name & Location _____

VTACs qualify for rebates with some service providers. Please advise your Electric Utility company to check for reductions

1. Existing VTAC Model & Serial Number: _____

2. Cooling Capacity: _____

3. Heat Style: Gas Electric Heat Pump Inverter

4. Heating Capacity: _____

5. Voltage: 230/208V 265V 277V

a. Hard-Wired

b. Power Plug Connection

6. Amperage: 15 Amp 20 Amp 30 Amp

7. Make-up Air? Yes No

8. Outdoor Louver Preference: Un-Painted, Aluminum Standard Color Custom Color _____

9. Finished Wall Depth: Width _____ Height _____ Depth _____

a. Note: Our Plenum telescoping sleeve ranges from 8" - 15". If greater than 15", please advise.

****A Sub base will be supplied & is at minimum 4" off the floor****

10. Thermostat: Wired Wireless

11. Access Door: Access door with return air grill

Return air grill only, if using a full size door, return air grill will need to be cut into door

12. Any other accessories required? _____

Comments: _____
