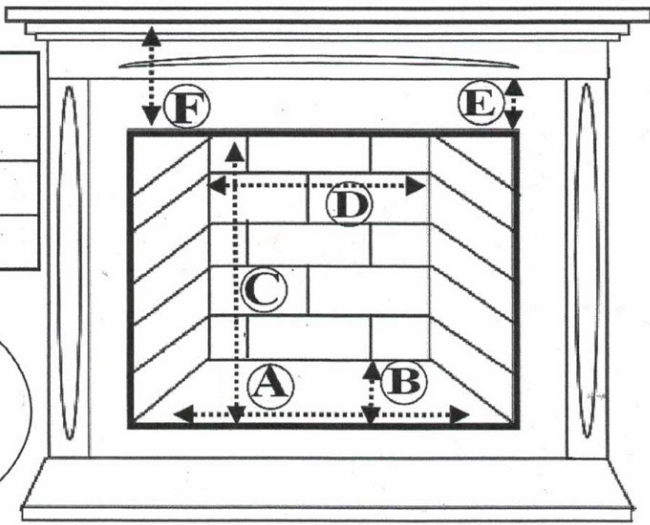
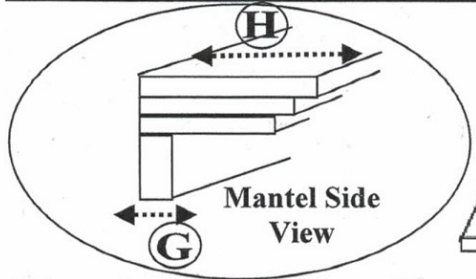


Name:	Phone:
Address:	

A	E
B	F
C	G
D	H



- 1.) Is your fireplace masonry or manufactured? Brand & Model # ? _____
- 2.) Are there louvers above the opening? Yes No
- 3.) What is your fireplace facing? Brick Marble Other If other, what? _____
- 4.) Do you have glass doors? Yes No
- 5.) Does your chimney have a cap? Yes No
- 6.) My fireplace has been inspected and cleaned in the past 12 months? Yes No
- 7.) My fireplace is located on the First floor Second Floor Basement
- 8.) My home is on a Crawlspace Slab
- 9.) Is there gas at your house? Yes No
- 10.) Is there gas in the fireplace? Yes No
- 11.) What type of gas will you burn? Natural Propane

Fountain Inn **Natural Gas**
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