

HEATING: (please check [x] all that apply)

Type of heat	Primary Heat	Secondary Heat	Additional info required	Year updated
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	What year was the furnace replaced? _____	_____
<input type="checkbox"/> Propane	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No rust on tank, <input type="checkbox"/> Visible rust on tank What year was the furnace replaced? _____	_____
<input type="checkbox"/> Oil Tank	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Interior tank, <input type="checkbox"/> Exterior tank <input type="checkbox"/> Above ground tank, <input type="checkbox"/> Underground tank <input type="checkbox"/> Meets Ontario Regulation 213/01 When was the tank last inspected by an oil distributor? _____ What year was the furnace replaced? _____	_____
<input type="checkbox"/> Wood / Pellet Stove	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Where is the device located? _____ How much fuel do you use per year? _____	_____
<input type="checkbox"/> Hot Water Radiator	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Baseboard Unit, <input type="checkbox"/> Ribbed unit <input type="checkbox"/> Flushed annually, <input type="checkbox"/> Visible leakage	_____
<input type="checkbox"/> Electric	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Space heater, <input type="checkbox"/> Solar, <input type="checkbox"/> Baseboard	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Please specify the other type(s) of heating used in the home _____ _____	_____

ROOF:

Type of roofing material	Year updated
Choose the material that is used for 100% of the roof. If there is a combination of material, please specify this in the 'Other' field.	
<input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Sheet Metal / Aluminum <input type="checkbox"/> Concrete Tile / Clay <input type="checkbox"/> Wood Shingles & Shakes	_____
<input type="checkbox"/> Other (please specify) _____	_____

ELECTRICAL: (please check [x] all that apply)

What is your amperage service?	Year updated
<input type="checkbox"/> 60 Amp <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp	_____
Type of wiring	
<input type="checkbox"/> 100% copper <input type="checkbox"/> 100% Aluminum <input type="checkbox"/> Other (Please specify) _____ _____	_____

PLUMBING:

Please specify the percentage of plumbing material used in your home	Year updated
_____ % Copper & Plastic + _____ % Galvanized Steel + _____ % Cast Iron = 100%	_____