

**FREE INSPECTION OFFER!**

## FAX RESPONSE FORM

Thank you for taking a few minutes to review our mailer. To request your free professional inspection, please complete this response form and fax it to us at 402-597-1454. Next, we'll work together to coordinate and schedule an inspection date. After the inspection, we'll prepare and send to you a written evaluation including our recommendations to improve the performance of your existing equipment.

Thank you again for the opportunity to serve you. We look forward to receiving your faxed response.

\* \* \* \* \*

Please Print The Following Information. Thank You.

\_\_\_\_\_  
 Company Name Contact Person Title

\_\_\_\_\_  
 Street Address City / State / Zip Phone Number Fax Number

\_\_\_\_\_  
 Mailing Address Email Address

EVAPCO	BAC	Marley	Other	Cooling Tower	Fluid Cooler	Evaporative Condenser	Equipment On Ground	Equipment On Roof	Is Filtration Used Y or N

Please  the appropriate original equipment manufacturer,  the type of cooling equipment,  the location, indicate if filtration equipment is used to filter the water, and provide the Model, Serial Number, and # Cell(s).

Thank you very much.

\_\_\_\_\_  
 Model S/N #Cell(s) \_\_\_\_\_

\_\_\_\_\_  
 Model S/N #Cell(s) \_\_\_\_\_

\_\_\_\_\_  
 Model S/N #Cell(s) \_\_\_\_\_

\_\_\_\_\_  
 Model S/N #Cell(s) \_\_\_\_\_