



144277 SW Greenfield Dr.
Portland, OR 97224

Phone: 503.746.5499

Fax: 503.914.1879

DRYER VENT EVALUATION

Date: _____

Service Date: _____

Service Address: _____

City: _____ State: _____ Zipcode: _____

Comments

System: Residential Commercial

Type of Dryer:

Make: _____ Model: _____

Energy Source: Gas Electric Propane

Type of Venting Duct: _____

Diameter of Duct: _____ inches

Distance from Dryer to Termination: _____ feet

Number of Turns _____ to _____ degrees

Type of Vent Hood: _____

Location of Termination _____

Air Velocity Before Cleaning: _____ feet/minute

Air Velocity After Cleaning: _____ feet/minute

Customer Verification:

I have read this form and now understand the need for regular maintenance of the dryer venting system.

Customer Signature x _____

Next Servicing Recommended: _____