

Quote To: _____ Date: _____
Quote Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: (_____) _____ Fax: (_____) _____
E-mail Address: _____
Project Name: _____
Site Address: _____
Site Contact: _____ Phone: (_____) _____

Please send a Drawing of the Space, Reflected Ceiling Plan (CAD preferable) and Project Request Worksheet to: sales@pccintegrate.com

1. Describe the sound or noise problem:

2. Is paging or background music going to be installed with the sound masking system?
 YES NO
3. What type of area will have sound masking?
(check all that apply)
 Open office workstations Call center
 Private offices Other (please specify)

4. What is the approximate square footage of the area to be masked?

5. What is the height of the ceiling? _____
6. What is the height above the ceiling tiles? _____
(plenum height)
7. What is the type of ceiling tiles? (check all that apply)
 Lay in drop ceiling Ceiling clouds
 Concealed spline ceiling Exposed (open to above floor/roof)
 Sheetrock®/gypsum Other (please specify)

8. If open ceiling/ceiling clouds, do you want the units painted?
(client must choose sound masking unit type)
 YES NO
9. If sound masking units are visible or painted, do you want labels? YES NO
10. Is there insulation in the ceilings?
 YES NO
11. Is there asbestos in the ceilings?
 YES NO
12. The area to be sound masked is:
 New construction Retrofit
13. Installing a new ceiling (if required), will take place:
 Before After sound masking installation.
14. Are there any unusual space conditions or known obstructions in the area above the ceiling?
 YES (please specify) NO

15. Will you require installation? YES NO
16. The job is: Union Non-union
17. Are permits required? YES NO
18. When can installation be done?
 Regular hours After normal business hours
19. Target date for project completion?

20. When do you need a quote by?

21. Please list any miscellaneous items or information
i.e. Healthcare installation requirements, etc.

Completed by: _____